Letters to the Editor

Ethyl ether: An old ally against oral ivermectin resistant demodex blepharitis

Dear Sir,

Demodex folliculorum is a mite which is a parasite of the hair follicles, sebaceous glands and eyelashes. Its incidence in humans increases with age. Infestation by this parasite involves chronic blepharitis with periods of exacerbation and is frequently underdiagnosed in clinical practice.  

We present the case of a male patient, 53-year-old, who visited due to bilateral eczematous anterior blepharitis resistant to conventional topical treatments (daily palpebral cleaning with sterile towels (Estila®) and carbomere lubricating cream).

Upon exploration, the patient exhibited crusty aggregates and "pearly" remains forming a collar around hair follicles. Palpebral edges appeared thickened and erythematous (Fig. 1). Direct microbiological analysis of the eyelashes (40×, 100×, obtained with sterilized tweezers, one of each right and left upper eyelid and placed in a carrier plate over a drop of physiologic solution) confirmed the existence of the live parasite. The patient was treated with oral ivermectin, 6 mg twice a day for 1 day, repeating the same regime 14 days later while maintaining the initial topical treatment. Ninety days after beginning the treatment no improvement in symptoms was observed and microbiological analysis (100×, 40×) confirmed the persistence of the mites.

After the failure of the initial therapy a daily treatment was initiated, consisting in the application of topical anesthetic prior to massaging the palpebral edge in both eyes with a cotton swab dipped in ether (99.9% ethyl ether, 0.02% water, density 0.713 g/ml. Contacto Guinama S.L.U Alboraya, Valencia, Spain) for at least 10 min. Local adverse effects during the treatment were not observed. Two weeks later, the palpebral crusty lesions disappeared completely and the initial symptoms (itching, foreign body feeling) improved significantly (Fig. 2). The microbiological analysis of the

Fig. 1 – Upper eyelid, showing crusts prior to ether treatment. Palpebral edges appear indurated and erythematous with abundant telangiectasias (sign of chronicity).

Fig. 2 – Upper eyelid, evidencing complete disappearance of crusts and lesions after intensive treatment with topical ether application.

eyelids (40×, 100×) was negative. The condition disappeared and the patient remained stable during the past 6 months.

Treatment of blepharitis associated to Demodex must target the elimination thereof by daily palpebral cleaning (sterile towels, soaps) as well as local lubricants. Cleaning crusty formations from palpebral edges utilizing topical ether has been applied with excellent results. 3

Recently, oral ivermectin has been postulated as a new treatment for resistant chronic blepharitis due to infestation by the said parasite. As described by Nogueira et al. 2 the use of this drug seems to be an efficient and safe alternative in addition to its advantages such as ease of posology and absence of adverse effects. However, the use of this drug in our patient did not diminish the number of parasites or improve the symptoms.

In conclusion, the application of cotton swabs dipped in ether associated to conventional topical measures is a safe method and provides good results in short periods of time. It constitutes a classical, efficient and economic alternative for patients with chronic blepharitis associated with infestation by Demodex resistant to treatment with oral ivermectin.

REFERENCES


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Intracranial hypertension and pulmonary hypertension. Causality or coincidence?

Hipertensión intracraneal e hipertensión pulmonar. ¿Causalidad o casualidad?

Dear Sir,

Pulmonary hypertension (PHT) is a disease having variable etiology which can exhibit ophthalmological expressions as a result of diminished venous flow caused by increased systemic venous pressure (SVP). This increase is due to right side cardiac insufficiency and could even inhibit adequate drainage of cerebrospinal fluid (CSF), producing increase in subarachnoid or intraventricular pressure and causing intracranial hypertension (ICHT). The literature has described ocular expressions in patients with PHT as the increase of orbital and episcleral SVP could produce ocular complications, notably dilatation of conjunctival and episcleral veins, central retina vein occlusion, uveal effusion with choroidal detachment, intraocular pressure increase and exudative retina detachment. 1

Female, 56, who visited the emergency service due to bilateral blurred vision and occipital cephalgia. No nausea, vomits, fever or other systemic alterations. History included idiopathic PHT classified as class II of the New York Heart Association, controlled with medical treatment (digoxin and diuretics), in stable condition for the past 5 years. An ophthalmological examination performed 15 months earlier gave absolutely normal results. The emergency service examination reported visual acuity of 0.8 in both eyes. Anterior