

LAST MONTH'S BLINK

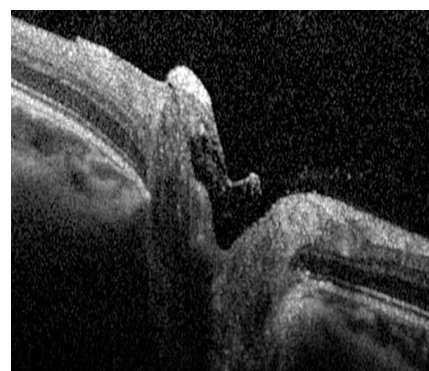
## Netarsudil-Associated Bullous Keratopathy

**A** 59-year-old man with a history of amblyopia, pathologic myopia, and bilateral retinal detachment repair presented with a hypermature cataract and hand-motion vision in the left eye. Cataract extraction was complicated by zonular instability, and the patient was left aphakic. Postoperative corneal edema did not improve with topical steroids and sodium chloride eye drops, so netarsudil was initiated off-label at postoperative week (POW) 3. At POW 4, the patient developed central corneal epithelial bullae in a reticular pattern (Fig. 1). Slit-lamp photographs with fluorescein staining (Figs. 2 and 3) and anterior segment OCT (Fig. 4) from POW 6 are shown. After cessation of netarsudil, the bullae resolved, but the corneal edema persisted. The patient's vision improved to counting fingers, and he has deferred further surgery.

Netarsudil, a rho-kinase inhibitor approved by the FDA for the management of elevated IOP, is used off-label for corneal edema. Several case reports note improvement in corneal stromal edema, but others note the development of reticular bullous epitheliopathy.<sup>1</sup> Clinical trials are underway to further define the effects of netarsudil on the cornea.

1 LoBue SA et al. *Cornea*. 2021; 40(8):1048-1054.

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