

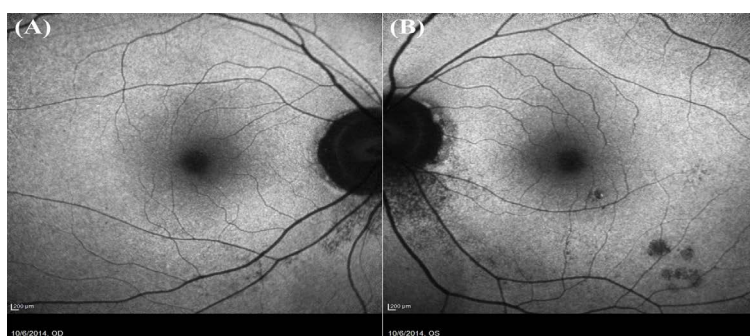
# 5-Year Progressive Bull's Eye Maculopathy Despite Cessation of Hydroxychloroquine in Asian Systemic Lupus Erythematosus Lady

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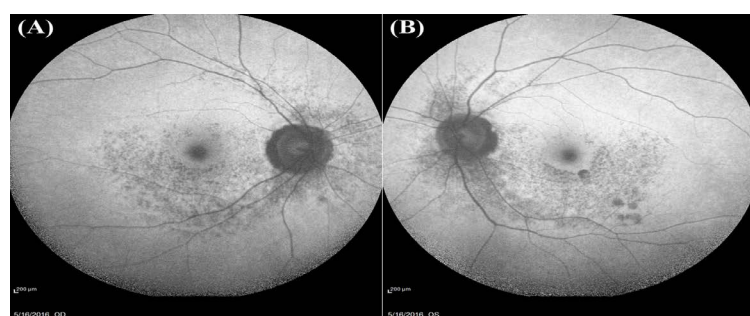
## Introduction

A 57-year-old systemic lupus erythematosus Chinese lady with maintenance hydroxychloroquine (HCQ) therapy of 200 mg daily for 21 years was weighed 61.5 kg-67.7 kg (mean 65.6 kg) throughout [1]. Regular ophthalmological tests in past decades first revealed subtle retinal pigment epithelium (RPE)

changes, simulating early pericentral retinopathy pattern, on 2014's fundus autofluorescence photos (**Figure 1**), and HCQ was immediately stopped [2,3]. Bull's eye maculopathy was progressing inferiorly (**Figure 2**), to combined parafoveal and pericentral retinopathy pattern (**Figure 3**), eventually generalized RPE atrophy (**Figure 4**) [3,4].



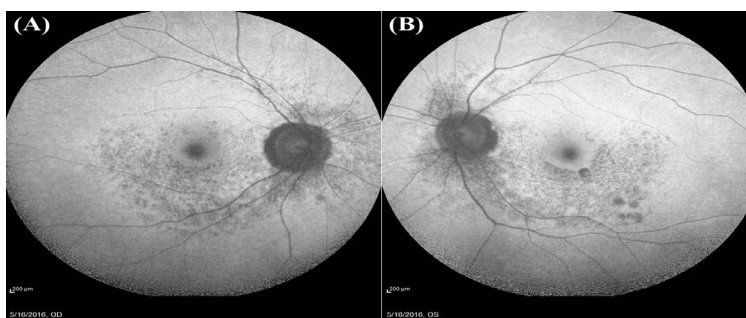
**Figure 1:** Fundus autofluorescence photos of both eyes in 2014.



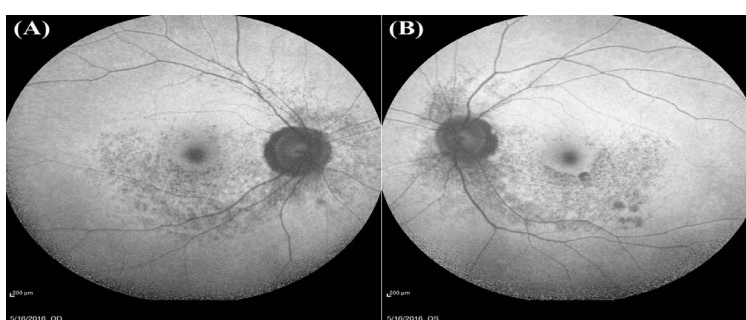
**Figure 2:** Fundus autofluorescence photos of both eyes in 2016 showing progression of the Bull's eye maculopathy from hydroxychloroquine retinal toxicity despite cessation of systemic treatment in 2014.

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**Figure 3:** Fundus autofluorescence photos of both eyes in 2017 showing progression of the Bull's eye maculopathy from hydroxychloroquine retinal toxicity despite cessation of systemic treatment in 2014.



**Figure 4:** Fundus autofluorescence photos of both eyes in 2019 showing progression of the Bull's eye maculopathy from hydroxychloroquine retinal toxicity despite cessation of systemic treatment in 2014.

Safety HCQ dosage is 5 mg/kg/day, yet retinal toxicity risk increases with consumption duration [1]. Maculopathy could progress after cessation of HCQ, given its long half-life of >1 month [5].

## References

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