

# Evaluation of visual function and OCT parameters in ethambutol-induced optic neuropathy: a longitudinal study

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## Abstract

**Aims** To evaluate structural and visual functional parameters in ethambutol-related toxic optic neuropathy (EON).

**Methods** In this prospective study, we recruited 95 adults with EON presenting within 1 month of onset and 100 age-matched healthy controls. Best-corrected visual acuity (Early Treatment Diabetic Retinopathy Study chart), colour vision (Ishihara pseudoisochromatic plates), contrast sensitivity (Pelli-Robson chart), Humphrey visual field analysis (HVF 30–2 Swedish Interactive Threshold Algorithm-FAST), visual evoked response and spectral domain optical coherence tomography for macular ganglion cell-inner plexiform layer (mGC-IPL), retinal nerve fibre layer (RNFL) and papillomacular bundle (PMB) analyses were done at baseline, 3 months and 6 months.

**Results** Almost 52% eyes showed significant visual improvement of  $\geq 2$  Snellen lines after stopping the drug. RNFL (cases- $100.84 \pm 21.87 \mu\text{m}$  vs controls- $98.05 \pm 7.21 \mu\text{m}$ ;  $p=0.37$ ) and PMB thickness (cases- $51.10 \pm 17.26 \mu\text{m}$  vs controls- $53.45 \pm 6.42 \mu\text{m}$ ;  $p=0.19$ ) in cases were comparable with controls at baseline, but showed significant thinning at 6 months follow-up (RNFL - $83.77 \pm 21.06 \mu\text{m}$ ; PMB- $30.96 \pm 11.02 \mu\text{m}$ ;  $p<0.0001$  for both). Average GC-IPL thickness (cases- $29.66 \pm 6.86 \mu\text{m}$ ; controls- $39.68 \pm 2.59 \mu\text{m}$ ) and ganglion cell-inner plexiform layer (GCL) volume (cases- $0.85 \pm 0.17 \text{ mm}^3$ ; controls- $1.08 \pm 0.069 \text{ mm}^3$ ) was significantly less as compared with controls ( $p<0.0001$  for all) at baseline and showed significant further deterioration on follow-up ( $p<0.001$  for all). The average GC-IPL thickness ( $p$  value : $<0.0001$ ,  $r:-0.31$ ), GCL volume ( $p$  value : $<0.000$ ,  $r:-0.29$ ) and PMB thickness ( $p$  value : $0.043$ ,  $r:-0.14$ ) showed a significant negative correlation with final vision at 6 months.

**Conclusion** Progressive structural damage despite visual improvement raises concern about the irreversible nature of EON. PMB, GC-IPL thickness and GCL volume are better predictors of visual recovery in EON.

Data availability statement

Data are available in a public, open access repository. Not applicable.

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