Purpose: Paclitaxel is used to treat a wide range of malignant tumors. These drugs are known to cause ocular adverse effects, with cystoid macular edema (CME) being a known but rare complication of this therapy. We report the case of a man who presented bilateral CME after administration of paclitaxel for esophageal cancer.

Methods: Case Report

Results: A 62-year-old man diagnosed with unresectable esophageal cancer, with no other medical or ocular history, received treatment with paclitaxel and no other drug that could cause macular edema. 3 months after the start of therapy, he had decreased vision in both eyes. Optical coherence tomography (OCT) confirmed a symmetric CME in both eyes. Fluorescein angiography showed no leaks, and OCT-angiography (OCTA) showed a preserved foveal avascular zone (ZAF) and no flow alteration in both the superficial capillary plexus as well as the deep plexus. Paclitaxel therapy was suspended and treatment was started with 1 drop per day of nepafenac 3mg / ml. Two months later, visual acuity improved to 0.9 in both eyes with CME remission.

Conclusions: Ophthalmic adverse events such as CME rarely occur in patients receiving taxane therapy. The primary treatment of the CME was to withdraw the paclitaxel, it cannot be guaranteed that the nepafenac has contributed to accelerating the resolution of the CME.