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PATIENT NEWSLETTER

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Anisocoria: Learn More About Unequal Pupils



If one of your pupils is noticeably larger or smaller than the other, you may have a condition called anisocoria. With anisocoria, your two pupils may or may not respond normally to light.

In most cases, anisocoria is not a cause for concern. However, if your pupils suddenly become unequal in size, this less-common type of anisocoria can be a symptom of a serious medical condition. The 4 main types of anisocoria are:

- 1. Simple anisocoria
- 2. Pathologic anisocoria
- 3. Mechanical anisocoria
- 4. Pharmacologic anisocoria

Anisocoria Type Matters

Simple anisocoria is the most common type, affecting about 20% of the population. In simple anisocoria, the difference in pupil size is usually 1 mm or less, and both pupils react normally to light.

<u>Pathologic anisocoria</u> is unequal pupils due to an underlying condition or disease, such as iritis (a form of uveitis), Horner's syndrome, Adie's tonic pupil, or third nerve palsy. If you have pathologic anisocoria, it's important to talk to your medical doctor to get treatment for the underlying condition.

<u>Mechanical anisocoria</u> occurs when unequal pupil sizes form as a result of react normally to light.

damage to the iris or its supporting structures. Causes of this type of anisocoria include trauma to the eye, complications of eye surgery, angle-closure glaucoma, and inflammatory conditions like iritis or uveitis. Tumors inside the eye also can cause mechanical anisocoria.

Pharmacologic anisocoria is when unequal pupil sizes occur as a side effect of a medication. Several drugs have been identified as potential causes of pharmacologic anisocoria, including antidepressants, chemotherapy anti-nausea medications, and some glaucoma eye drop medications

Be Proactive

If you or someone else notices that you have unequal pupil sizes, be sure to see your optometrist immediately, especially if you have any of the following symptoms as they may be a sign of something very serious:

- Drooping eyelids
- Double vision
- Loss of vision
- Headache or neck pain
- Eye pain
- Recent head or eye injury

If the type of anisocoria you have is minor and your pupils react normally to the tests your optometrist performs, you likely have little to worry about. However, it's critical that you have your unequal pupils evaluated by an eyecare professional before assuming everything is fine.

If tests determine that you do indeed have anisocoria, ask your optometrist about photochromic lenses. These eyeglass lenses darken automatically in sunlight to reduce any light sensitivity you may be experiencing. Photochromic lenses can also protect your eyes from harmful ultraviolet rays and high-energy blue light, especially in the eye with the larger pupil, if it fails to



🗩 EYE HEALTH

Hope Emerges for Incurable Eye Cancer



Uveal melanoma is a rare type of eye cancer that requires treatment with radiation or surgery. The prognosis for uveal melanoma has historically been poor, with most patients living less than 1 year after the cancer has spread from their eye to other body parts.

Now, a cutting-edge experimental drug called tebentafusp has been shown to substantially reduce the risk of death among patients with uveal melanoma. In a study presented at a recent American Association for Cancer Research annual meeting, researchers found that patients receiving tebentafusp had almost half the risk of death as those treated with immunotherapy or chemotherapy. The findings remained consistent even in people who had their melanoma progress.

Based on these results, the FDA granted breakthrough therapy designation to tebentafusp. Researchers will next investigate if the drug can be used to keep cancer from recurring in patients who have entered remission.



Q: True or false? Your eyes can get sunburned.

See answer on back.

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Seeing is so important it takes up more than 50% of the brain's functionality.



SCEYENCE



Early Exposure to Sign Language Seen in Young Infants

A Rochester Institute of Technology study analyzed where infants and young children looked when they saw someone using sign language to learn whether they were from a family that used spoken language or sign lan-guage at home. The study, published in Developmental Science, used eye-tracking technology to record gaze patterns as infants watched a signer. According to findings, the expert sign-watching behavior was already present by the time infants reached about 5 months of age.

This research represents the earliest evidence for the effects of sign-language exposure. The authors believe signers keep their gaze on the face because they're relying on highly developed and efficient peripheral vision. Infants who are unfamiliar with sign language tended to look at the hands in signing space.

The study group thinks perceptual gaze control matures so rapidly because it supports later language learning, which is more gradual. Simply put, you have to be able to know where to look before you learn the language signal.



Answer to Eye-Q (from page 1) A: True



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