

LETTER TO THE EDITOR

DESIRED PUPILLARY DILATION ACHIEVED WITH A SMALLER DROP VOLUME OF PHENYLEPHRINE IN RABBITS

Sir,

( Received on January 7, 1992 )

The tear film of the eye normally contains 7-10  $\mu$ l of fluid (1, 2). When some eye drop is instilled into the eye, the tear film can momentarily hold as much as 30  $\mu$ l of the fluid. The remaining part of the instilled solution is drained into the nasolacrimal duct where it is absorbed, leading to systemic side effects (1-4). The systemic toxicity increases with the increase in instilled fluid volume (1, 2).

It has also been reported that as the volume of the drug solution instilled into the eye is decreased, the fraction of the drug absorbed intraocularly is increased (5). Various systemic side effects have been reported when phenylephrine was used to produce pupillary dilation for fundus examination (6-8) and the minimum drop volume used for that was 50  $\mu$ l. With smaller drop volume the systemic side effects may be decreased and the therapeutic response enhanced (1, 2, 5). Therefore, the present study was planned to investigate the pupillary dilation by different drop volumes of phenylephrine hydrochloride in albino rabbits.

Ten healthy male albino rabbits (1.5-2.5 kg) were kept in the departmental animal house for 30 days prior to the study for acclimatization. They had free access to food and water. The study was randomized, cross over. A single administration of different drop volumes (10  $\mu$ l, 20  $\mu$ l, 40  $\mu$ l, and 80  $\mu$ l) of phenylephrine hydrochloride 10% was done in both the eyes of 10 rabbits on different occasions with a wash out period of 10 days between the two instillations. The drop volumes were delivered by the micropipette which had been checked for accuracy by weighing the

drops in a balance. The pupil diameter was measured with a Pupil diameter ruler (with 0.5 mm graduations), under standard illumination, before drug administration to see the basal values and at 15 min, 30 min, 45 min, 1.0 hr, 1.5 hr, 2.0 hr, 2.5 hr, 3.0 hr, 4.0 hr, and 6.0 hr after drug instillation. To rule out the effect of circadian variation on pupil diameter a control group was also kept and distilled water instillation was done in that. The observer was masked to the treatment.

The change in the pupil diameter from the baseline was measured for both eyes and mean of these two readings was calculated for each rabbit. The statistical analysis was done by 't' test (paired) and  $P < 0.05$  was considered statistically significant.

There was no difference in the baseline values of the pupil diameter in all the groups. The pupil diameter was  $5.15 \pm 0.08$  mm in 10  $\mu$ l,  $5.15 \pm 0.10$  mm in 20  $\mu$ l,  $5.15 \pm 0.18$  mm in 40  $\mu$ l, and  $5.10 \pm 0.16$  mm in 80  $\mu$ l groups. Pupil dilation started after instillation of phenylephrine drop volumes and this continued for 4.0 hr. The maximum dilation was achieved at 1.5 hr (Table I) and it was significantly more in 10  $\mu$ l and 20  $\mu$ l groups as compared to 40  $\mu$ l group ( $P < 0.05$ ,  $P < 0.05$  respectively). 10  $\mu$ l drop volume produced a significantly more pupillary dilation than 40  $\mu$ l from 30 min to 6.0 hr, though the dose in the former was 4 times less (Table I). 10  $\mu$ l drop volume also had a tendency to produce a greater pupillary dilation than 80  $\mu$ l drop volume though the dose in the latter was 8 times the former (Table I).

It has also been reported that 15  $\mu$ l drops size

TABLE I : Change in pupil diameter from baseline value for different drop volumes (10  $\mu$ l, 20  $\mu$ l, 40  $\mu$ l and 80  $\mu$ l) of phenylephrine hydrochloride 10% eye drop, at different intervals. Data are mean  $\pm$ SEM of 10 rabbits. The change in diameter is in mm.

Time	10 $\mu$ l	20 $\mu$ l	40 $\mu$ l	80 $\mu$ l
15 min	1.25 $\pm$ 0.14	1.95 $\pm$ 0.29 <sup>b****</sup>	0.95 $\pm$ 0.31	1.65 $\pm$ 0.27
30 min	2.40 $\pm$ 0.11 <sup>**</sup>	3.05 $\pm$ 0.12 <sup>b****</sup>	1.85 $\pm$ 0.18	2.75 $\pm$ 0.27
45 min	3.40 $\pm$ 0.17 <sup>b****</sup>	3.30 $\pm$ 0.22 <sup>b****</sup>	2.35 $\pm$ 0.13	3.10 $\pm$ 0.24
1.0 hr	3.85 $\pm$ 0.21 <sup>**</sup>	3.35 $\pm$ 0.20	3.15 $\pm$ 0.19	3.50 $\pm$ 0.22
1.5 hr	3.95 $\pm$ 0.19 <sup>**</sup>	3.80 $\pm$ 0.18 <sup>**</sup>	3.15 $\pm$ 0.19	3.80 $\pm$ 0.23
2.0 hr	3.65 $\pm$ 0.26 <sup>*</sup>	3.50 $\pm$ 0.14 <sup>**</sup>	2.95 $\pm$ 0.19	3.40 $\pm$ 0.30
2.5 hr	2.85 $\pm$ 0.32 <sup>*</sup>	2.50 $\pm$ 0.20 <sup>*</sup>	2.00 $\pm$ 0.16	2.75 $\pm$ 0.24
3.0 hr	2.50 $\pm$ 0.26 <sup>b****</sup>	1.75 $\pm$ 0.21	1.55 $\pm$ 0.19	1.55 $\pm$ 0.22
4.0 hr	2.10 $\pm$ 0.20 <sup>b****</sup>	1.35 $\pm$ 0.10 <sup>b</sup>	1.25 $\pm$ 0.13	0.70 $\pm$ 0.28
6.0 hr	1.45 $\pm$ 0.18 <sup>b****</sup>	0.60 $\pm$ 0.15 <sup>a</sup>	0.65 $\pm$ 0.07 <sup>b</sup>	0.00 $\pm$ 0.00

\*P< 0.05, \*\*P<0.02, \*\*\*P<0.01, \*\*\*\*P< 0.001 vs 40  $\mu$ l at respective interval.

<sup>a</sup>P<0.01, <sup>b</sup>P<0.001 vs 80  $\mu$ l at respective interval.

of clonidine hydrochloride reduced intra-ocular pressure similar to that produced by 70  $\mu$ l without producing any systemic hypotension (9). The greater pupillary dilation with 10  $\mu$ l drop volume of phenylephrine as compared to 40  $\mu$ l and 80  $\mu$ l drop volumes, in our study could be due to better intra-ocular penetration (5) and decreased drainage into the nasolacrimal duct (1, 2).

We conclude that to achieve a desired pupillary dilation the drop volume of the phenylephrine should be 10  $\mu$ l. However, further studies are required to substantiate our findings.

A. LAL\* AND M. L. SHARMA.

Department of Pharmacology,  
M.G.I.M.S, Sevagram - 442 102  
Distt Wardha (Maharashtra State)

## REFERENCES

1. Shell JW. Pharmacokinetics of topically applied ophthalmic drugs. *Surv Ophthalmol* 1982; 26 : 207-218.
2. Chrai SS, Patton TF, Mehta A, Robinson JR. Lacrimal and instilled fluid dynamics in rabbits eyes. *J Pharm Sci* 1973; 62 : 1112-1121.
3. Nagataki S, Mishima S. Pharmacokinetics of instilled drugs in the human eye. *Int Ophthalmol Clin* 1980; 20 : 33-48.
4. Maurice DM. Factors influencing the penetration of topically applied drugs. *Int Ophthalmol Clin* 1980; 20 : 21-32.
5. Patton TF. Pharmacokinetic evidence for improved ophthalmic drug delivery by reduction of instilled volume. *J Pharm Sci* 1977; 66: 1058-1059.
6. Fraunfelder FT, Scafidi AF. Possible adverse effects from topical ocular 10% phenylephrine. *Am J Ophthalmol* 1978; 85: 447-453.
7. Wilensky JT, Woodward HJ. Acute systemic hypertension after conjunctival instillation of phenylephrine hydrochloride. *Am J Ophthalmol* 1973; 76 : 156-157.
8. Wesley RE. Phenylephrine eyedrops and cardiovascular accidents after fluorescein angiography. *J Ocu Ther Surg* 1983; 2 : 212-214.
9. Petrusson G, Cole R, Hanna C. Treatment of glaucoma using minidrops of clonidine. *Arch Ophthalmol* 1984; 102 : 1180-1181.

\*Corresponding Author