



Atypical pattern of ocular toxoplasmosis: inner foveal toxoplasmic retinitis

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PURPOSE: To report a case of atypical pattern of ocular toxoplasmosis: inner foveal toxoplasmic retinitis.

METHODS: A 29-year-old white female complained of a painless visual acuity decrease in both eyes for 15 days. The patient reported a recent ophthalmological exam with BCVA of 20/20 in OU 20 days before and a recent hospitalization due to dengue. At baseline, the BCVA was 20/400 in OD and 20/200 in OS. Ocular anterior segment examination revealed slight cellularity in the AC and normal IOP in OU. The funduscopy, FAF, OCT and FA of the case will be described in the next images. Laboratory work-up revealed toxoplasmosis IgG and IgM positive. Work-up for syphilis was negative.

FIGURE 1: Fundus Imaging at baseline. Presence of yellow ring lesion nasal to the optic disk in OD (figure 1A, red arrow) and a parafoveal yellow ring lesion in OS (figure 1B, red arrow), which were represented in the FAF by hyperautofluorescent areas (figures 1C (OD) and 1D (OS), red arrows)



FIGURE 2. The baseline OCT shows loss of ellipsoid layer segment, inner and outer segment of photoreceptors, foveal cavitation involving predominantly all retinal layers associated with adjacent inner retinal necrosis (a necrotizing retinitis with a persisting inner retinal tissue bridge and loss of subjacent retinal layers) in OU (figure 2A (OD) and 2B (OS), red arrows). In a three-month follow-up, an improvement in the condition was observed in OU (figure 2C (OD) and 2D (OS), red arrows).

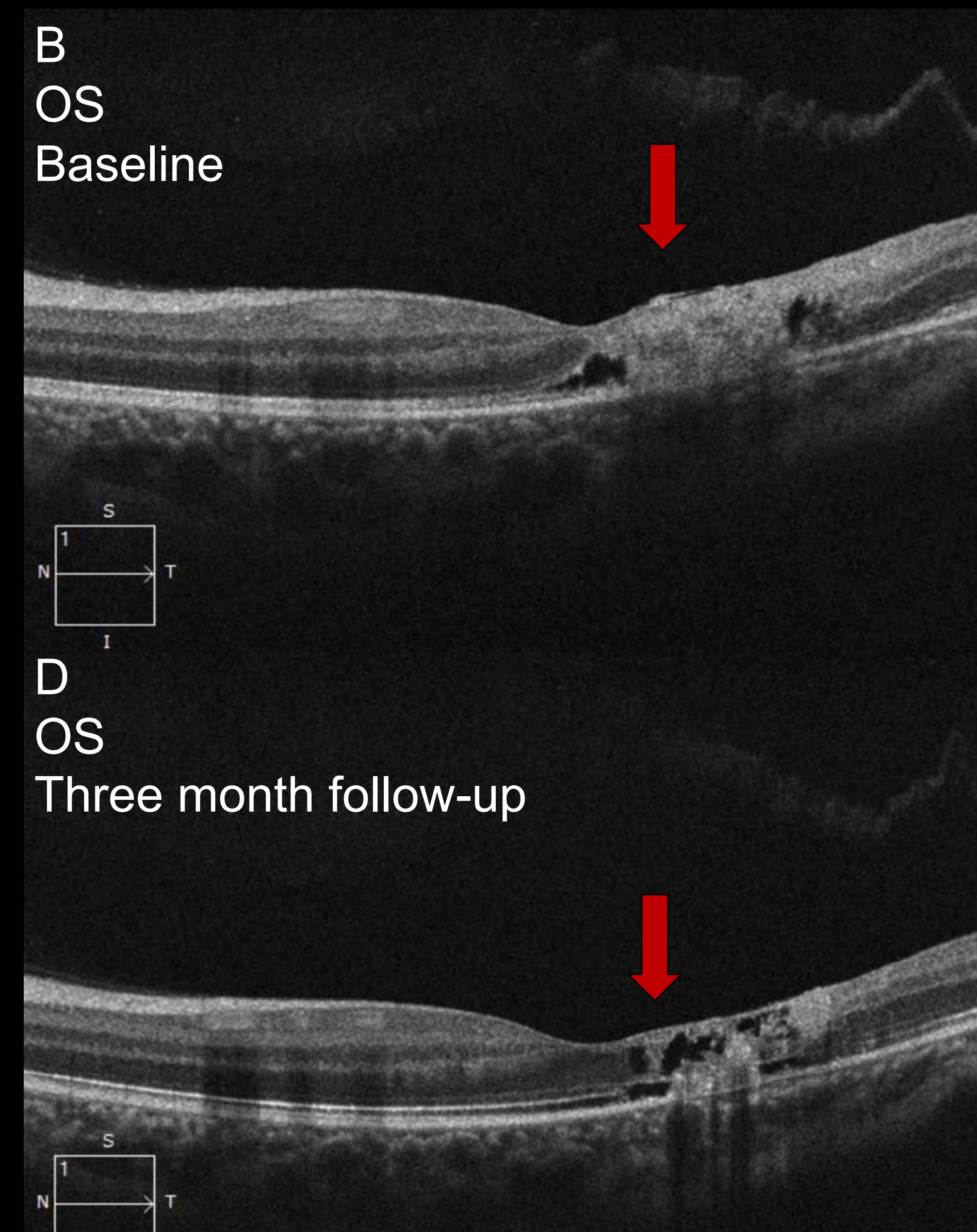
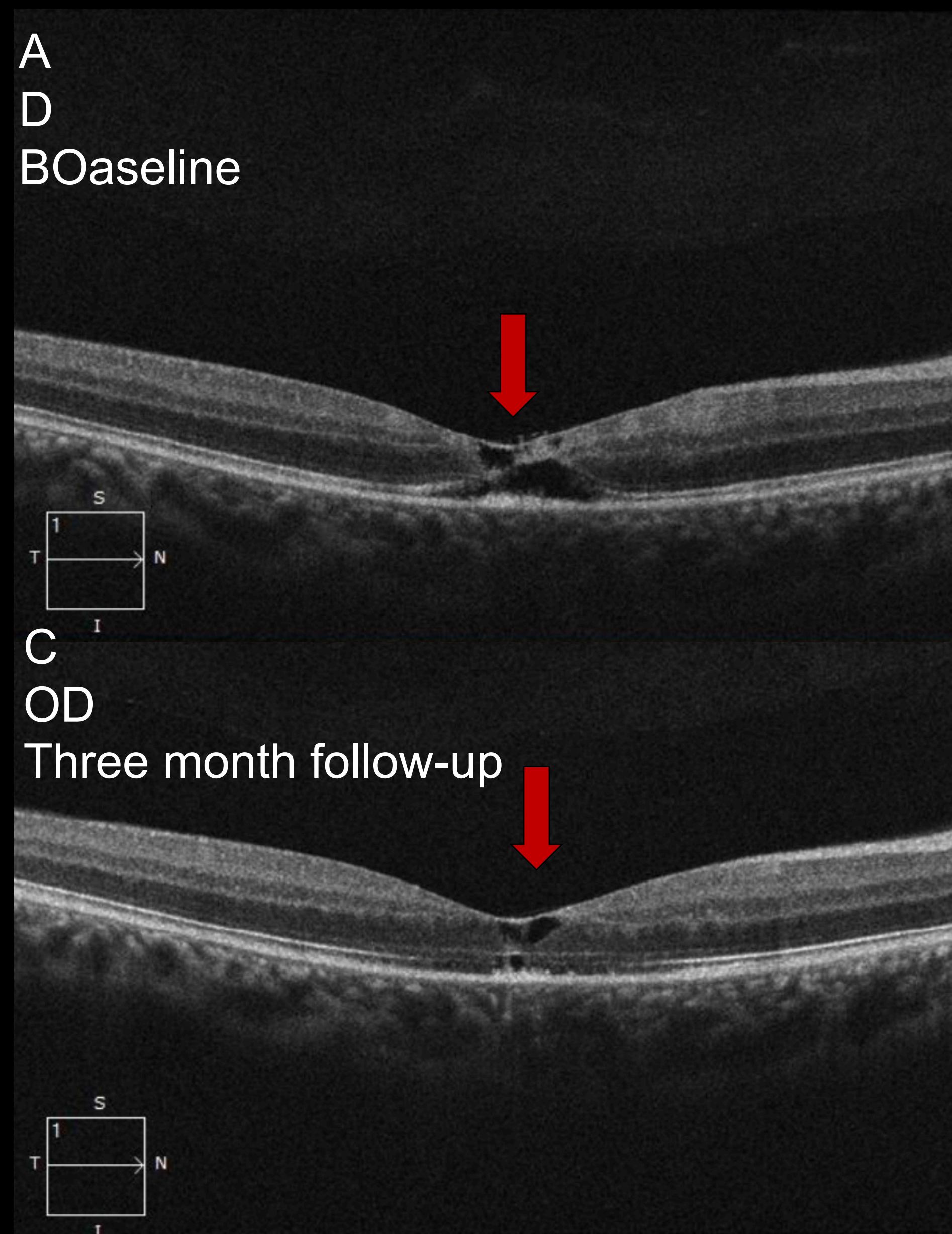
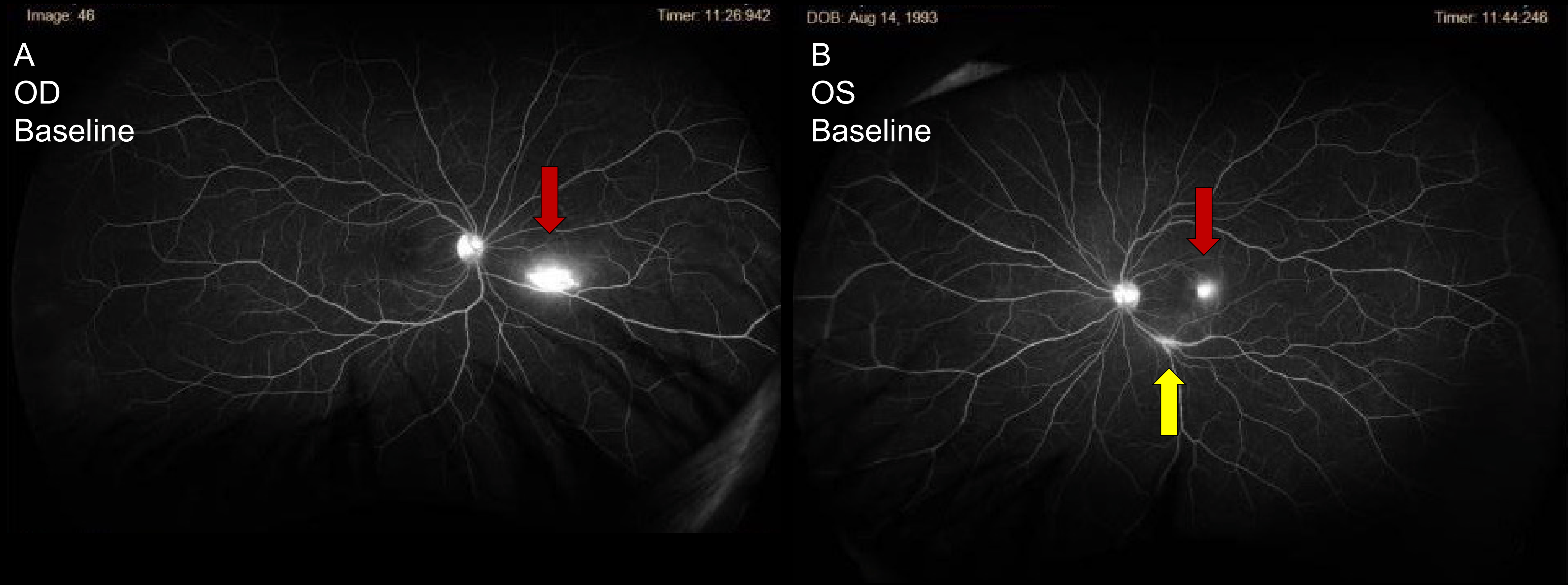


FIGURE 3. FA shows leakage in the lesion nasal to the optic disk in OD (figure 3A, red arrow), leakage in the parafoveal lesion in OS (figure 3B, red arrow) and leakage in the lower temporal arcade in OS (figure 3A, yellow arrow) in late stages.



RESULTS: The patient was treated with sulfamethoxazole-trimethoprim and oral corticosteroids, resulting in improvement in BCVA (20/80 in OD and to 20/40 in OS) and the fundus aspect within three months.

DISCUSSION: We describe an atypical pattern of ocular toxoplasmosis characterized by foveal cavitation involving predominantly all retinal layers associated with adjacent inner retinal necrosis (a necrotizing retinitis with a persisting inner retinal tissue bridge and loss of subjacent retinal layers). It should be considered that the macular findings observed in this case may be secondary to the inflammatory process or the overlap of the diseases toxoplasmosis and dengue. This unusual clinical presentation may represent an atypical pattern of ocular toxoplasmosis that should be recognized for early diagnosis and initiation of therapy.

ABBREVIATIONS: BCVA; best corrected visual acuity; OU, oculus uterque; OD, oculus dexter, OS, oculus sinister; AC, anterior chamber; IOP, intraocular pressure; FAF, fundus autofluorescence OCT, optical coherence tomography; FA, fluorescein angiography.

REFERENCES:

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