BRANCH ARTERIAL RETINA OCCLUSION ASSOCIATED WITH ACUTE TOXOPLASMOSIS ON ASSYMPTOMATIC PACIENT

Braga Filho H, Cabral K, Castro L, Pegado RS.

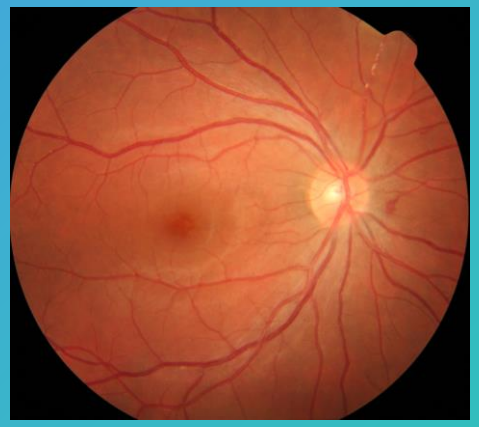
Instituto Brasileiro de Assistência e Pesquisa (IBAP)

Purpose

Presenting a case study of atypical branch retinal arterial occlusion (BRAO) consequent from a vasculitis by an assymptomatic acute Toxoplasmosis infection.

Abstract

A 26-years-old male with no comorbidities has an incidental discovery of peripheral floaters in the right eye during periodic work medical examination. The same day, goes to our service for evaluation. In ophthalmologic evaluation, the patient presented 20/20 UVA OU, no confrontational visual field defects or Amsler screen distortions. Anterior biomicroscopy and tonometry showed no alteration. In fundoscopy there was a hypochromic, well delimited lesion on peripherical retina on right eye, surrounded by vessels with plaques of Kyrieleis, a small intraretinal microhemorrage nasally to de optic disc, brief vitreous exsudation on Fluorescein Angiography, denoting an acute state of the condition.



Given both the rarity of arterial peripherical occlusion of retinal vessels and plaques of Kyerieleis (indicating vasculitis) and lack of concurring pathologies we hypothesized uveitis and the diagnosis of toxoplasmosis was closed after positive serology of its IgG (77UI/ml), although negative for IgM. It was initiated treatment with the non-gold standard Sulfametoxazol+Trimetoprin (BACTRIM F®) with subduedness of floaters, but cutaneous rash began the 20th day of antibiotics, obligating us to suspend the drug. The conduct then was suspending all antibiotics and maintaining conservative action.

Discussion

BRAO is a rare vascular disorder, associated with vasculopathies such as hypercholesterolemia, hypertensive vasculopathy and coagulopathy. This case presents none of the common causes, instead, an infectious cause, in which, with quick laboratorial results and prompt treatment, even with non-standard, was able to prevent any notable long-term loss in visual acuity. • As the submission of this presentation, it has been more than 50 days of initial treatment and no more symptoms or signs developed in the patient.