Cytomegalovirus (CMV) Retinitis in a Newborn Patient: A Case Report

Beatriz de Sá Mota [1], Samuel Montenegro Pereira[2], Daniel da Rocha Lucena[2], Luiz de Moraes Ferreira Junior[3], Juliana Tiburtino de Queiroz Sales Martins[3], Rian Vilar de Lima, Isa Cavalcanti Martildes

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PURPOSE

Cytomegalovirus (CMV) infection is one of the congenital infections belonging to the TORCH group (Toxoplasmosis, Other diseases, Rubella, Cytomegalovirus, Herpes), affecting approximately 0.2 to 1% of live births globally. This pathology is associated with hearing impairment, neurological changes, and retinitis. This report aims to present a case of CMV retinitis in a newborn (NB), addressing clinical findings, diagnostic methods, and therapy adopted.

METHODS

This is a descriptive, single-arm case report for which a complete review of the patient's and his mother's medical records was carried out. Reports and images of his retinographies were also compiled.

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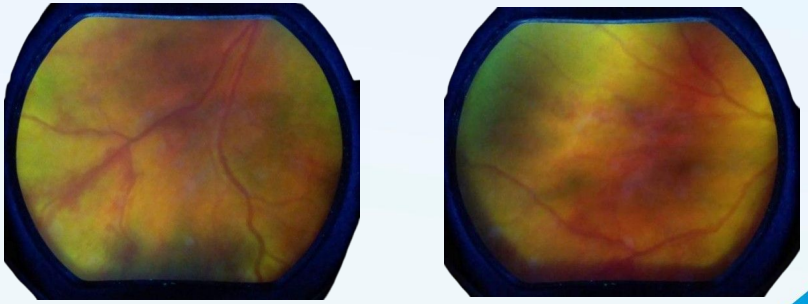
RESULTS

Newborn male patient (NB), born at term with APGAR 6/9 and weight of 3,930 grams, presented unilateral eyelid ptosis on the right and funduscopic findings suggestive of CMV retinitis in the right eye. Serological tests were performed on the mother and newborn, with positive results for CMV IgG (greater than 250 AU/ml) and CMV IgM (0.04 AU/ml). Serologies for toxoplasmosis, syphilis, herpes, and rubella were negative. Neuroimaging exams revealed no significant changes, but signs of left peripheral paralysis were observed, along with changes in hearing screening tests.

Figure 1: Retinographies before treatment



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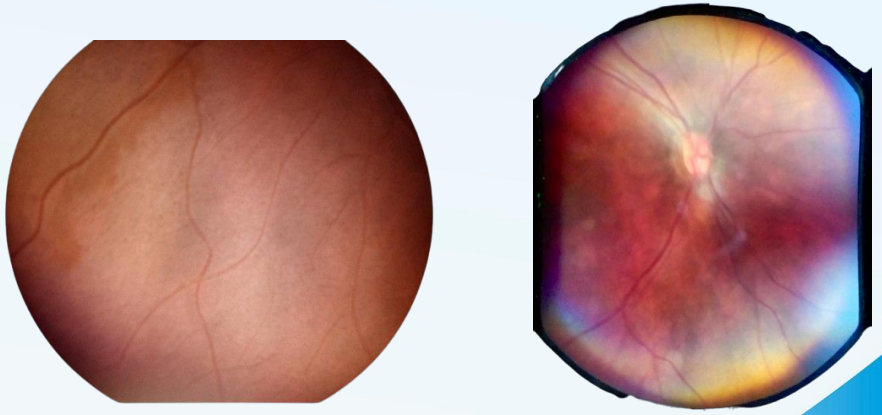
DISCUSSION

The integrated analysis of clinical, funduscopic, and laboratory findings led to the diagnosis of retinitis secondary to congenital CMV infection. Treatment was started with Ganciclovir, a viral DNA polymerase inhibitor, and the patient is in the fourth week of a six-week protocol. The clinical response is favorable, evidenced by improvement in vasculitis, areas of peripheral atrophy, and peripheral neurological symptoms.

Figure 2: Retinographies after treatment



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CONCLUSION

This case report highlights the importance of screening for congenital TORCH group infections in pediatric patients. Early detection, accurate diagnosis, and appropriate therapeutic interventions are essential for the effective management of these conditions and to prevent irreversible visual sequelae. The need for active surveillance and a comprehensive approach to the care of children's eye health is reinforced with the aim of a better quality of life for these.

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