

VASCULITIS AND BRANCH RETINAL ARTERY OCCLUSION CAUSED BY TOXOPLASMOSIS

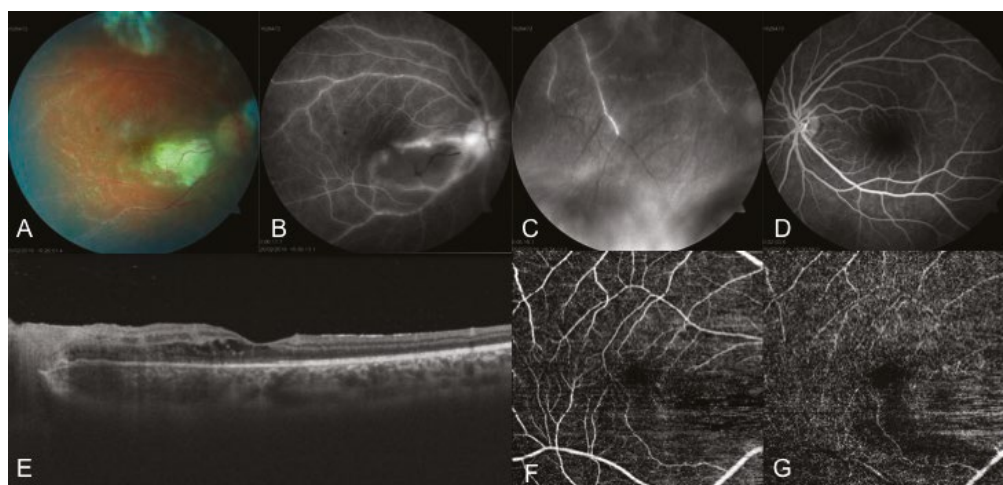
C. Sjöholm Gomez de Liaño, M. Henriquez Recine, F. Sanchez Carnerero Casas,
L. Velez Delgado, J. Argaya Amigo.
La Moraleja University Hospital.
Spain
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Purpose: Branch retinal artery occlusion (BRAO) and perivascular sheathing are uncommon in ocular toxoplasmosis. We report a case of atypical presentation characterized by combined branch artery occlusion and periphlebitis in a young patient.

Methods: A case of macular branch retinal arterial occlusion adjacent to an active chorioretinitis lesion is reported. We performed a systemic work-up including hemogram, serological tests for human immunodeficiency virus, syphilis, herpes virus group, toxoplasmosis, hepatitis A, B, C, Bartonella henselae and Rickettsia. A rheumatologic study was also performed and Chest X-ray, brain magnetic resonance and computed tomography of the chest.

Results: A previously healthy 19-year-old male attends to emergency for vision of central spot in his right eye. Visual acuity was 1/5 in his right eye and 1/1 in the left eye. Family history was negative for systemic vasculitis and coagulation disorders. Fundoscopy of right eye showed an inferior macular BRAO associated to a chorioretinitis lesion and vasculitis. Left eye was normal. Fluorescein angiography showed vasculitis with predominant involvement of veins and a macular arterial branch occlusion. In optical coherence tomography we observed edema of inner retinal layers. Hemogram showed eosinophilia. Serological test for Toxoplasma immunoglobulin (Ig) G antibodies were positive in an enzyme-linked immunosorbent assay (167 IU/mL), whereas anti-toxoplasma IgM antibodies were negative. The patient also had a hypercoagulable workup as well as a rheumatologic study which were both normal. Chest X-ray, brain magnetic resonance and computed tomography of the chest were also normal. The diagnosis of ocular toxoplasmosis was made and treatment was started with prednisone 1mg/kg/day and trimethoprim-sulfamethoxazole, and the retinitis lesion resolved.

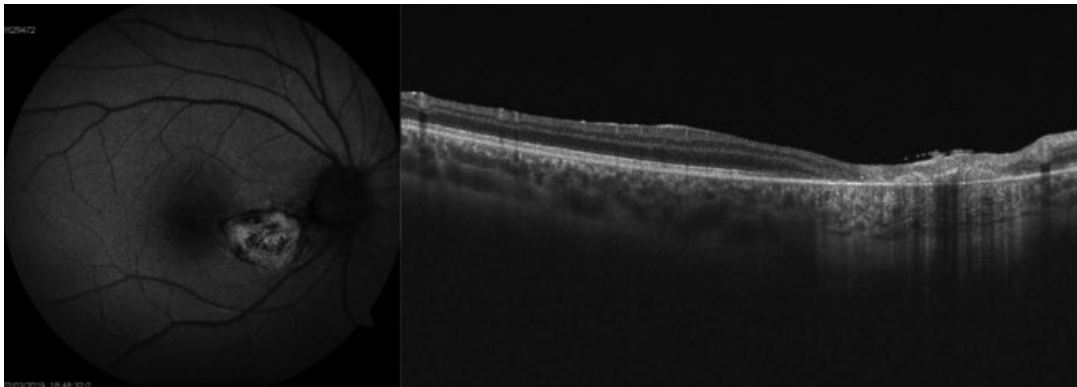
Conclusions: Vascular occlusions are rare in toxoplasmosis and may change the appearance of the fundus and obscure the initial inflammatory focus. Ocular toxoplasmosis should be included in the differential diagnosis of branch retinal vascular occlusion associated with vasculitis, particularly in young patients.



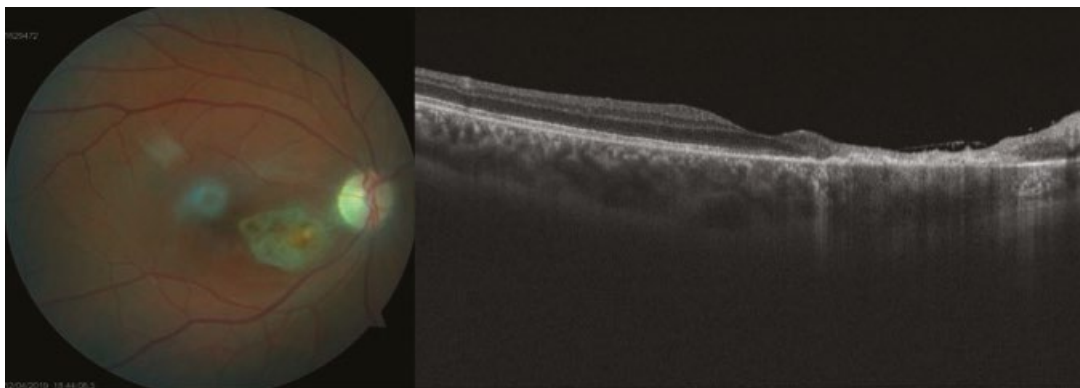
A. Color fundus photo shows BRAO and perivascular sheathing. B,C. FA shows vasculitis and macular branch occlusion. D. Normal OS. E. OCT-SD shows inner layer edema. F. OCT-A Superficial layer. G. OCT-A deep layer.



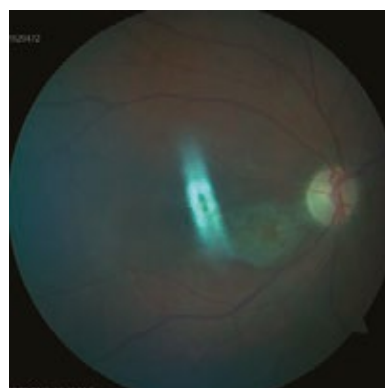
One week with treatment.



Three weeks with treatment



Two months later.



Three months later.

Los autores declaran que no tienen ningún conflicto de interés. El estudio fue financiado con recursos de los autores.

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