



## OCULAR CYSTICERCOSIS-A MASQUARADE SYNDROME: CASE REPORT

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## KEYWORDS :

The masquerade syndromes comprise a group of disorders that occur with intraocular inflammation and are often misdiagnosed as a chronic idiopathic uveitis. Many of the masqueradesyndromes are malignancies or infectious processes, early diagnosis and prompt treatment are critical.[1] We report a case of intravitreal cysticercosis presenting as a case of anterior uveitis

- **Case report:** A 6yr old boy presented with complaints of acute pain and redness of right eye of 1 week duration and headache 10 days back. There was no history of fever, ocular trauma, discharge or features suggestive of infectious etiology or similar complaints in other eye .He was treated elsewhere as a case of acute anterior uveitis with topical antibiotic steroid drops, antiglaucoma drugs and cycloplegic and came here for further treatment. Vision could not be assessed as child was not cooperative. His right eye on examination showed the following features- lid edema, ciliary congestion, hazy cornea with stromal edema, irregular non reacting pupil with posterior synechiae at 5 o'clock, 7 o'clock and 12 o'clock position, ectropion uvea, anterior chamber was shallow and showed 2+ cells with raised digital tension. His left eye was within normal limits. His right eye B SCAN showed multiple medium reflective membrane in vitreous cavity suggestive of inflammatory membrane with a clear circular area with one high reflective spike in centre suggestive of cystic lesion with scolex which showed movement with bright light and retinochoroidal thickening was present. MRI WITH CONTRAST showed features suggestive of intraocular cysticercosis with vitreous haemorrhage and coincidental persistent hyaloid artery and no neuroparenchymal involvement. Routine blood investigations with stool for ova /cysts were negative. He was started on Tab wysolone 20mg 1-0-0 on tapering dose, Tab Albendazole 200mg stat, Moxifloxacin Dexamethasone 6 times/day, Homatropine eye drops 1-0-1 and Dorzolamide eye drops 1-0-1. They were advised vitrectomy but they refused and hence was continued on medical management. On follow up he was symptomatically better and ocular examination showed right eye was quiet, congestion was reduced, Corneal haziness reduced but posterior synechiae persisted. The child was then lost to follow up. On last follow up, the right eye was found to be phthisical.

**Discussion:**

Cysticercosis is a preventable cause of blindness endemic in India[2]. It is a parasitic infestation caused by *Cysticercus cellulosae*, which is the larval form of *Taenia solium*.

Ocular cysticercosis can involve any part of the eye such as the eyelid or orbit, subconjunctival space, anterior segment and posterior segment. Cysticercosis of the eyelid presents as a painless nodule. Cysticercosis of the orbit and lacrimal gland are rare. Subconjunctival cysticercosis presents as painless hyperemic epibulbar masses that move under the conjunctiva. Anterior chamber cysticercosis presents as a free floating cyst[3]

In the posterior segment of the eye, vitreous cysts are more common than retinal or subretinal cysts and the inferotemporal subretinal cyst is most frequently encountered[4]. It is hypothesized that the parasite reaches the posterior segment of the eye via the high flow choroidal circulation through the short ciliary arteries. The macular region being

the thinnest and most vascularized, the larvae lodge itself in the subretinal space from where it perforates and enters into the vitreous cavity. In this process, the parasite can cause a retinal detachment, macular hole or incite an inflammatory response. As the cyst develops, it causes atrophic changes of the overlying retinal pigment epithelium. Sometimes, it may cause exudative retinal detachment and focal chorioretinitis[5]. A dying cysticercosis cyst can incite a severe inflammatory response, due to the leakage of the toxins from the micro perforations present in the cyst wall[6] Inflammatory reaction can be present even with living parasite, and more so with vitreous cysts than subretinal cysts. Complications of intraocular cysticercosis include severe inflammation (vitreous exudates, organized membranes in vitreous), severe anterior chamber reaction, retinal haemorrhages, retinal detachment, proliferative vitreoretinopathy, secondary glaucoma, complicated cataract, hypotony and phthisis.

Here we have reported a case of intraocular cysticercosis which has masquered as a case of acute anterior uveitis. A careful and prompt diagnosis and treatment is essential in such cases to prevent further complications.

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