

A Case Report - Intravitreal Cysticercosis Of Right Eye



Medical Science

KEYWORDS : Cysticercosis, Vitreous , Elisa.

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ABSTRACT

Cysticercosis is a clinical condition in which human tissue is invaded by the larvae of Taenia solium.

It occurs either by eating faecally contaminated food or by internal infection. Ocular involvement occurs in 46% of the infected patients. The most common site of localization is posterior segment according to Western literature and in ocular adnexa according to Indian literature. Within the eye, cysticerci occur in vitreous body; subretinal space, anterior chamber and subconjunctiva. The most damaging location is intravitreal and subretinal location which leads to blindness in 3-5 years unless the parasite is removed. We therefore present a case of intravitreal cysticercosis who presented after 5 years with visual potential loss.

Case Report:

A 15 yr old female patient presented to the Ophthalmology department, Government general hospital, Guntur with a complaint of diminished vision in the Right eye since the past 5 yrs. Diminution of vision is gradually progressive and positive history of uveitis is noted. She underwent treatment at a private hospital for the same. On examination, Visual acuity in Right eye was no perception of light , Left eye 20/20. Right eye was quiet, Cornea clear, Anterior Chamber showed no cells or flare. Pupil was irregular, slit like, fixed not reacting to light. Lens was cataractous. Left eye visual acuity was 20/20; anterior segment normal and Fundus was normal. B- Scan Right eye revealed few well defined intravitreal cysts with medium dense echoes all over vitreous cavity. CT and MRI brain were normal. ELISA Ig G antibody was positive for Cysticercosis with value 2.2 OD Units. ESR was raised and stool positive for ova and cysts. With the above findings a diagnosis of intravitreal cysticercosis was made. Since the patient had no perception of light, prognosis was explained and Vitrectomy surgery was advised and by giving systemic Albendazole and steroids.

Discussion:

Ocular Cysticercosis is a rare clinical condition. It is an endemic problem in countries like India and South East Asia.^[1] Sommering was the first to report this condition affecting the eye. Ocular involvement is seen in 13- 46% of cases. Posterior segment is the most common site of involvement according to the western literature while adnexae is most common in Indian literature^[2]. In the posterior segment, vitreous cavity and location of cysts in the subretinal space were mostly described with vitreous inflammation seen in as many as 84% cases.^[3] There were consequent problems like retinal detachment, loss of vision etc. Presence of a cystic lesion with scolex and positive ELISA for Anticysticercal antibodies has been reported to be positive in about 61- 79% cases of Neurocysticercosis.^[4] Positive ELISA in our patient with a well defined cystic lesion associated with vitritis and anterior segment reaction is highly suggestive for the above. Therefore, to conclude, the diagnosis of intravitreal cysticercosis is still challenging and requires prompt treatment with Parsplana Vitrectomy. Ultrasonography B scan and ELISA for anticysticercal antibodies help to establish the diagnosis. In long standing cases, where visual acuity has already been compromised the outcome still remains evasive and therefore all efforts to diagnose and treat it early are worth mentioning .It is important in this context to motivate patients to seek early medical advice and act swiftly for preservation of vision

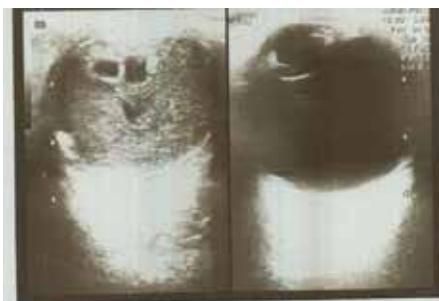


Fig 1- Ultrasound B- Scan Showing Few Well Defined Cysts With Degenerated Vitreous

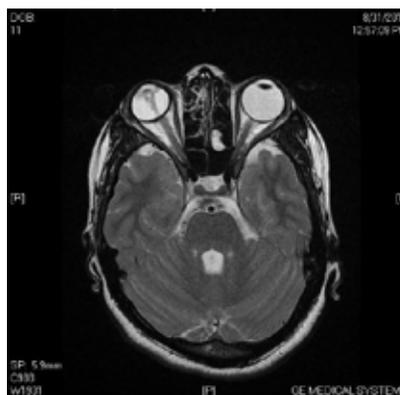


Fig 2 : CT Scan Orbits Plain shows cataractous lens,degenerated vitreous with cystic spaces and calcification along the retinochoroidal complex noted.

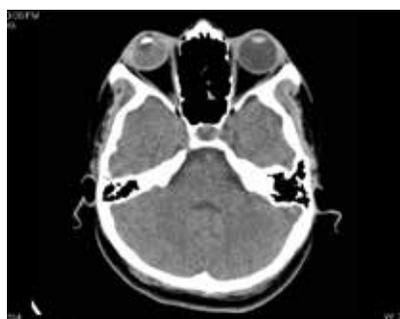


Fig (3) :MRI orbits shows degenerated vitreous with cystic spaces and calcification(deemed as scolex) with a reductreduction in the overall size of the eyeball

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