

Images in clinical medicine



Unilateral congenital ocular toxoplasmosis

Aymane Ridallah, Lalla Ouafa Cherkaoui

Corresponding author: Aymane Ridallah, University Mohammed V Souissi, Ophtalmologie A, l'Hôpital des Spécialités, CHU Rabat, Maroc. aridallah@gmail.com

Received: 01 Jun 2020 - **Accepted:** 07 Jun 2020 - **Published:** 09 Jun 2020

Keywords: Toxoplasmosis, congenital, retinochoroiditis

Copyright: Aymane Ridallah et al. PAMJ Clinical Medicine (ISSN: 2707-2797). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Aymane Ridallah et al. Unilateral congenital ocular toxoplasmosis. PAMJ Clinical Medicine. 2020;3(47). 10.11604/pamj-cm.2020.3.47.23941

Available online at: <https://www.clinical-medicine.panafrican-med-journal.com//content/article/3/47/full>

Unilateral congenital ocular toxoplasmosis

Aymane Ridallah^{1,&}, Lalla Ouafa Cherkaoui¹

¹University Mohammed V Souissi, Ophtalmologie A, l'Hôpital des Spécialités, CHU Rabat, Maroc

&Corresponding author

Aymane Ridallah, University Mohammed V Souissi, Ophtalmologie A, l'Hôpital des Spécialités, CHU Rabat, Maroc

Image in medicine

We report the case of a three-year-old child, who was brought back to the eye clinic by his parents for a strabismus affecting his left eye since the age of three months. The visual acuity of this eye was less than 20/60 at Snellen Chart, and 30/60 on the right eye. Fundus examination of the left eye, revealed a macular pigmented scar, and a nasal pigmented scar measuring two papillary diameters, associated with a papillary attachment membrane, and no scar in the right eye. Eye toxoplasmosis, that results from infection with the parasite *Toxoplasma gondii*, is the most frequent cause of infectious retinochoroiditis; its diagnosis is based on the discovery, of an evocative lesion at the fundus, either active (whitish, oedematous) or scarring (pigmented or atrophic). The eye is an organ of high tropism of toxoplasmosis, which can

be either congenital (transmitted from the mother to the fetus across the placenta during pregnancy) or acquired (eating contaminated foods), and whose evolution is characterized by flares and recurrences, making it potentially blinding. Its management is based on prevention, especially in pregnant not immune women, who must avoid cats and any telluric contact. When a congenital infection is detected, routine pre- and postnatal

treatment is prescribed. The first-line treatment is based on pyrimethamine-sulfadiazine, or trimethoprim-sulfamethoxazole, as well as corticosteroid therapy, which has the essential goal of reducing peri-lesional edema. The prognosis of ocular toxoplasmosis depends on the location of lesions, severe in the case of macular damage, and generally favorable in the case of peripheral damage.

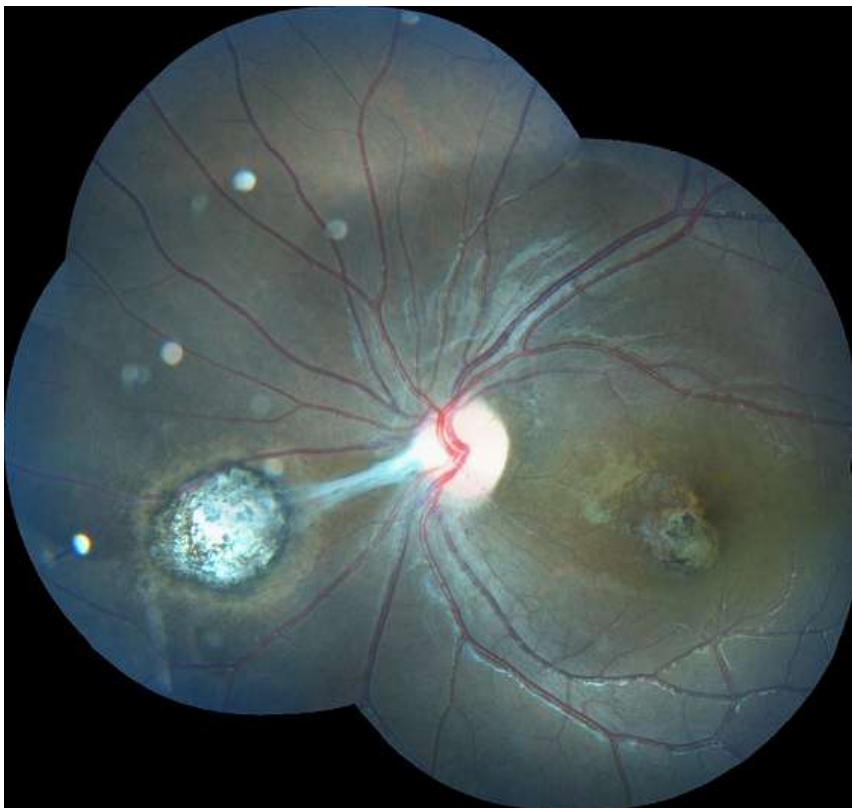


Figure 1: fundus photography of the left eye, showing a macular pigmented scar, and a nasal pigmented scar (measuring 2 papillary diameters), associated with a papillary attachment membrane