



OCULAR TOXOPLASMOSIS: A CASE REPORT

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ABSTRACT

Introduction: Toxoplasmosis is caused by *Toxoplasma gondii*, mandatory intracellular protozoan. It's estimated that one third of the world population is infected with the parasite, a fact that makes it one of the most infectious parasites. Although 80-90% of the immunocompetent infected are asymptomatic, the disease stands out for being one of the main causes of retinochoroiditis, especially among the immunosuppressed. **Case report:** Patient, 17 years old, white, female, previously healthy, comes to primary care due to a counter-referral with ophthalmology. Patient presented low visual acuity for 6 months, being diagnosed with ocular toxoplasmosis. Standard treatment was started: sulfadiazine, pyrimethamine, folinic acid and oral prednisolone for 6 weeks. Serum antitoxoplasma titers were obtained indicating previous infection: positive IgG and negative IgM. A patient will face another treatment cycle, as the condition doesn't improve, which includes high doses of systemic corticosteroids. The physical examination showed no changes. The ophthalmologist requested periodic control of patient's blood pressure and glucose, extending the treatment. **Conclusion:** In immunocompetent individuals, ocular toxoplasmosis is a consequence of reactivation of a scar that contained a previously inactive cyst, only a minority comes from a new infection. It's considered the most common cause of posterior uveitis, emphasizing the importance of this report. Ocular reactivation occurs due to a decrease in specific immunity and the peak incidence is at 29 years old. Young patients with ocular toxoplasmosis have higher risk of recurrence when compared to

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How to cite this article:

Amanda Prado; William Bigliardi Zibetti. OCULAR TOXOPLASMOSIS: A CASE REPORT. American Journal of Ophthalmic Research and Reviews, 2021, 4:7.

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Website: <http://escipub.com/>

elderly. Antitoxoplasma serology isn't necessary for treatment, which must be started as clinical diagnosis is established.

Keywords: Toxoplasmosis. Ocular toxoplasmosis. Uveitis.

References

- [1]. Saadatnia G, Golkar M. A review on human toxoplasmosis. Scand J Infect Dis. 2012 Nov;44(11):805–14.
- [2]. Bowling B, Kanski JJ. Kanski Oftalmologia Clínica: Uma abordagem sistêmica. Elsevier Brasil; 2016. 928 p.
- [3]. Hosseini SM, Abrishami M, Mehdi Zadeh M. Intravitreal clindamycin in the treatment of unresponsive zone one toxoplasmic chorioretinitis: a case report. Iran Red Crescent Med J. 2014 Nov;16(11):e15428.
- [4]. Garweg JG. Ocular Toxoplasmosis: an Update. Klin Monbl Augenheilkd. 2016 Apr;233(4):534–9.

