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CASE REPORT

A Case Report on Ocular Toxoplasmosis

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ABSTRACT

Report a case of male patient with chorioretinal lesions of ocular toxoplasmosis in right eye review the relevant literature on this disease. It is a non curable disease mainly caused by the parasite toxoplasma gondii. Primarily affects the retina and the most common ocular manifestation are chorioretinitis (inflammation of choroid) and posterior uveitis (inflammation of the posterior uveal layers) inactive cases could be asymptomatic and diagnosis requires a complete eye examination providing a correct diagnosis and patient managements.

Keywords: Chorioretinitis, posterior uveitis, retinochoroiditis

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CONTENTS

1. Introduction	17
2. Case Report.	18
4. Conclusion.	18
5. References.	18

1. Introduction

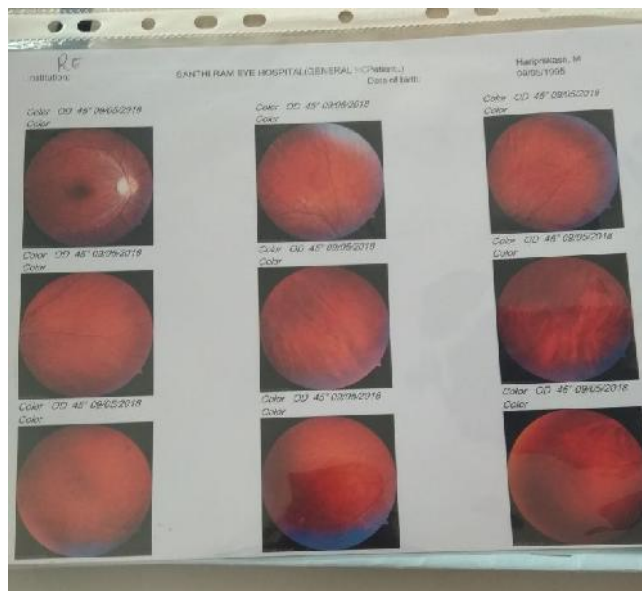
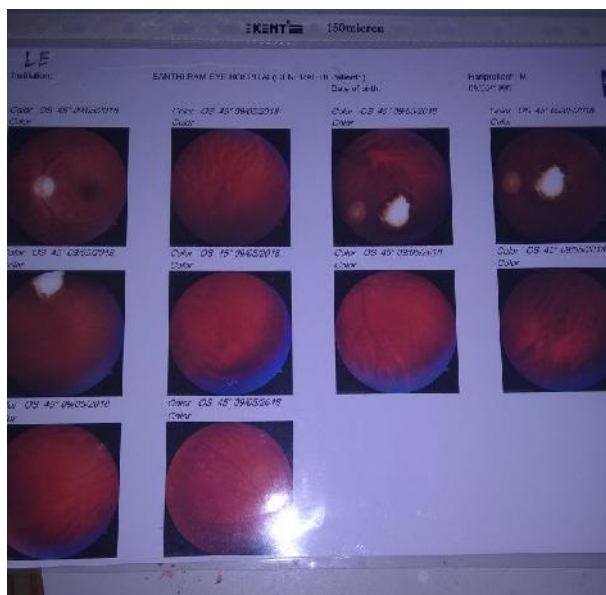
Toxoplasmosis gondii: Toxoplasma gondii the three forms of parasite are oocyst (spore form) inactive form that become encysted in tissue (tachyzoite) actively proliferating. Toxoplasma gondii is an obligate intracellular of infecting a wide variety of intermediate hosts including

man toxoplasmosis is acquired by man via ingestion of cat faces or under cooked meat infested with cysts infection of normal adult is commonly asymptomatic infection and in immunocompromised is usually reactivation of latent infection and may prove fatal with involvement central

nervous system. Infections acquired during pregnancy pose a serious problem to foetus. The incidence of congenital toxoplasmosis increase as pregnancy progresses and resulting serious malformation in the foetus prenatal diagnosis of infection followed by therapy reduce the frequency and severity of congenital toxoplasmosis. It is important to determine the antibody titre before the beginning of pregnancy if possible those subjects who don't present immunity should be followed up with frequent analysis to check for seroconversion.

2. Case Report

A 23 years old male patient attended the clinic for the patient was apparently acquired 4 months back and developed blurring of vision which is insidious onset progressive in mature right side no pain, redness of eyes, trauma. He was done funduscopy and which retinal changes are there and evaluated for toxoplasmosis. No history of IV drug usage, diabetes mellitus, hypertension, cerebrovascular accident. History of cat-domestication since childhood, asthma since childhood. Posterior segment evaluation by direct undilatedophthalmoscope revealed a chorioretinal scar in the left macular area, while no abnormalities were noted in the right eye Color OD 45°, left eye color OS 45°. Serology description of toxoplasmosis is toxoplasma IgG value observed >200 IU/ml and its reference values were once interval positive (immune) >10 IU/ml negative (nonimmune) <6 IU/ml, equivocal (doubtful) 6-10 IU/ml. And toxoplasma IgM value observed 0.63 index value from biological reference interval <0-8 index value negative, 0.8-1.2 index value equivocal, >1.2 index value: positive. The goal of treatment to terminate the parasites quickly and completely reduceinflammations and avoid the growth of parasite .ocular toxoplasmosis is treated On first day treatment with septran DS (trimethoprim + sulfamethaxazole) BD, Rantidine BD150mg later second day add some more drugs include tab .limcee , cap.vitamin A, folvate 5mg OD, tab. Nysolne 20mg BD for 1week. continue treatment with above drugs for 2 weeks later



Discussion:

Ocular manifestations produced by the parasite *T.gondii* in human neonates were first described in 1929 and were accepted a human disease in 1913 but until 1952 wasn't recognized as a disease could affect adults. Until the late 1990's ocular toxoplasmosis was consider as a date sign of congenital infection. Since 2000 it is recognised that the majority of cases of toxoplasmosis were secondary to infection acquired after birth.

3. Conclusion

High dye test titres can be found in adults with reoccurrence of congenital infection. this test also found in other types of uveitis but the rarity of this finding suggest that in the absence of other evidence of a recent systemic infection this finding is purely coincidental .

4. References

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