

Abstract

AIM:

To analyse the demographic pattern , clinical presentation, treatment and visual outcome in ocular toxoplasmosis.

MATERIALS AND METHODS:

30 cases of ocular toxoplasmosis their fundus picture with characteristic lesion and anti-toxoplasma antibodies IgG, IgM positive were included in this study. Patients with signs of active tuberculous choroiditis, other granulomatous uveitis lesion suggestive of toxocariasis, age <14 years were excluded from this study.

Visual acuity by Snellen's chart, anterior segment evaluation with slit lamp biomicroscopy examination, fundus examination by direct ophthalmoscopy and slit lamp biomicroscopy using 90D, indirect ophthalmoscopy. IOP measurement by Goldmann applanation tonometry. Routine investigation like blood sugar, urine analysis, blood pressure measurement, anti-toxoplasma IgG and IgM antibodies, chest x-ray, mantoux test, VDRL, VCTC and TORCH screening. Medical treatment given to all patients. Final visual outcome and fundus changes recorded after the treatment given. During the follow-up visits, visual acuity , fundus changes were recorded.

RESULTS:

In our study maximum number of patients presented in the age group between 21 to 30 years (53%), with male 16 (53.5%) and female 14 (46.7%). The most common complaints were floaters, defective vision in the infected eyes. The presenting best corrected visual acuity 6/6-6/9 (10%), 6/12-6/18 (6.7%), 6/24-6/36 (50%), 6/60 and less (33%). The lesions in the macula and vitritis being the main causes of visual impairment. After treatment visual acuity 6/6-6/9 (30%), 6/12-6/18 (50%), 6/24-6/36 (10%), 6/60 and less (30%). The main stay of treatment is medical management.

CONCLUSION:

Acquired ocular toxoplasmosis presents more commonly in 3rd decade of life with male predominance. Common symptoms being floaters and diminished visual acuity. Prognosis depends upon the site of lesion with macular lesion involving fovea having worst visual outcome and peripheral lesion having better visual outcome. Early detection of cases based on clinical characteristic lesion followed by medical management produces good visual outcome.

KEY WORDS:

Ocular toxoplasmosis , uveitis, clinical , diagnosis, treatment.