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ACQUIRED OCULAR TOXOPLASMOSIS WITH EARLY RECURRENCE -- A CASE REPORT

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Congenital toxoplasmosis is a rather frequent cause of posterior uveitis, while acquired lesion is relatively uncommon in adults. A 35 year-old male was referred to our clinic due to blurred vision(OD) for one week and failure of treatment with periocular steroid injection. No history of immuno-compromise was noted. The best corrected vision acuity(VA) decreased to 20/400 and IOP elevated to 30 mmHg in the right eye. Anterior chamber and vitreous showed 2+ cells. Fundus examination revealed a yellowish retinal lesion over papillomacular bundle with overlying vitritis(OD). No satellite lesion or existing retinal scar was noted at that time. The clinical signs and

the serologic tests indicated toxoplasma infection. After the treatment of oral co-trimoxazole (trimethoprim-sulfamethoxazole) and corticosteroid for 6 weeks, the necrotic retinochoroiditis became quiet and decreased in size, VA improved to 10/100(OD). However, the lesion size enlarged and vitritis flared up again 2 weeks later, so another course of treatment was initiated. His VA improved to 20/100(OD), although a paracentral scotoma was left. Periocular steroid injection should be avoided in ocular toxoplasmosis. Co-trimoxazole is effective in acquired ocular toxoplasmosis, but long-term following up is needed due to possible early recurrence.

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