Case Report

A Young Immunocompetent Cytomegalovirus Retinitis Patient

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Abstract

Background: Rare cases if CMV retinitis were presented in immunocompetent patients (Nine cases)

Cases Report: A 23 years old man with chief complain of sudden decrease of visual acuity and floater in left eye was under investigation. He was immunocompetent patient without any human immunodeficiency virus and immunosuppression diseases. He was diagnosed as a case of cytomegalovirus retinitis and was treated by intravitreal Ganciclovir. His choroid retinitis was improved after treatment.

Conclusion: in retinal vasculitis before approaching anti-inflammatory or anti-VEGF therapy ophthalmologists should take into account infectious causes.

Keywords: Cytomegalovirus, Immunocompetent, Retinitis

Introduction

Cytomegalovirus retinitis (CMVR) has been the most common opportunistic ocular infection and the loading cause of visual loss among acquired immunodeficiency syndrome (AIDS) patients with representing about 90% case of all infectious retinitis in this population1,2, but rare case reports were presented in immunocponent patients (Nine cases)3. Despite its well characterized clinical course and multitude of high quality studies for the diagnosis and treatment of this disease CMVR is described with visual loss, flashing, flouters and conjunctivitis. CMV-PCR and ophthalmoscopy help to diagnosis4.

Case Report

A 23 year-old man from Ardakan, Yazd province, in Iran with the chief complain of sudden decrease of visual acuity is considered. He states that a flouter in his left eye was appeared three weeks ago, when he wake up in the morning. He had any symptoms else such as flu like symptoms, redness, conjunctivitis and fever.

In clinical investigation weep was negative in his eye
and movement was normal. He visited to shahid-saddoghi-Hospital in Yazd province where he was treated with pulse of Prednisolone and Celcept for Behcet’s disease. He was refered to shahid-labbafinejad-Hospital in Tehran.

In his past medical history there was no similar disease: such as human immunodeficiency virus (HIV) or another diseases, only recurrent mouth Aftus was positive, drug history, allergy and family history were negative, physical exam items was BP = 110/70 PR = 82 RR = 16 OT = 36.7°C, Ocular movement was normal, visual acuity: Left eye: finger count, Right eye: normal, eye nedness after intravitreal injection was positive, dermatomal pathergy test was negative, ophthalmologist fundus copy report was: Macula Edema, peripheral hemorrhage, Macula lesion preferred CMV-Retinitis. He was treated with Ganciclovir 375mg/IV/Bd and Ganciclovir 200µg intravitreal for 2 weeks. His visual acuity improved from 1/10 to 3/10 during the treatment. He was also treated with Valganciclovir 900mg/po/BD for 12 weeks and treatment was follow up by ophthalmology examinations monthly.

Discussion

Cytomegalovirus infection is common^5 (40% - 100% worldwide is seropositive). Cytomegalovirus retinitis is the most common opportunistic viral infection among HIV patients (30%)^6. It occurs usually as CD4< 50/mm^3. It is also seen in immunocompromised patients like ALL, organ transplant, corticosteroid therapy^8. The disease is rare among immunocompetent patients (only nine case
The most common differential diagnosis of CMVR are VZV-Retinitis, HSV-Retinitis, toxoplasma-chorioretinitis, Behcat’s disease. Potent drugs for treatment of CMVR are Ganciclovir, Val-Ganciclovir, foscarnet, cidofovir. In the present investigation, he was as well as treated with Ganciclovir 375 mg/IV/BD 2 weeks and Ganciclovir intravitreal 200 µg + doses during 2 weeks. His visual acuity improved from 1/10 to 3/10 during treatment.

Conclusion

We suggest in retinal vasculitis before approaching anti-inflammatory or another therapy, ophthalmologists should exclude infectious causes such as CMV retinitis.

References