# Commentary: Neuroretinitis, frosted branch angiitis and paracentral acute middle maculopathy in a young female

Ocular syphilis, also known as the great masquerader, can present in myriad forms. In a large cohort, posterior uveitis with associated retinitis was the most common presentation, accounting for 77% of uveitis. Anterior uveitis, intermediate uveitis, and vasculitis made up less than 10% of the cases.[1]

The authors, in the given case, present a cluster of findings viz. neuroretinitis, frosted branch angiitis and paracentral acute middle maculopathy (PAMM) in a case of syphilitic posterior uveitis.[2] They make a diagnosis of ocular syphilis based on serologic testing and histopathology. A cerebrospinal fluid (CSF) analysis also can be contributory in these cases. Frosted branch angiitis (FBA) has been previously described in ocular syphilis. Other causes of FBA include cytomegalovirus retinitis, herpes simplex, autoimmune disorders, and leukemias.[3]

Typically, the term neuroretinitis is reserved for the findings of disc edema and macular star seen commonly in cat-scratch disease, toxoplasmosis, herpes simplex retinitis, Lyme disease, and has been described before in syphilitic uveitis as well.[4]

The third finding that the authors describe in their case is PAMM. In a large cohort, although vasculitis was seen in nearly a quarter of cases of ocular syphilis, vascular occlusions were not reported even in eyes with extensive vasculitis.[1] Thus, the finding of PAMM suggests an occlusion that preferentially affected the intermediate and deep capillary plexuses in this case. Hitherto mentioned causes of PAMM include use of vasopressors, migraine, preceding viral illness and accelerated hypertension.[5] This feature on optical coherence tomography adds to the plethora of findings in syphilitic posterior pole involvement and also adds to the etiological spectrum of PAMM.

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### Conflicts of interest

There are no conflicts of interest.

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