A rare case of intraocular communicating cysticercosis

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Key words: Communicating cysticercosis, chandelier assisted vitrectomy, hyaloid tunnel

A 59-year-old female presented with gradual diminution of vision in the left eye for 3 months associated with pain and redness. The best-corrected visual acuity (BCVA) in the right eye was 20/20 and counting fingers close to face in the left eye. The examination of the right eye was unremarkable. The left eye showed a sluggishly reacting pupil, partial posterior vitreous detachment (PVD) and two well-defined overlapping translucent cysts just below the inferior arcade, the larger one in the retro-hyaloid space demonstrating the typical undulating movement and the smaller one in the sub retinal space harboring the scolex [Fig. 1]. CT brain showed features suggestive of neuro-cysticercosis.

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After obtaining neurologist opinion and initiation of oral steroids, through 25-gauge pars plana vitrectomy, the retro-hyaloid space was entered through the area of partial PVD.[1] The cyst capsule was firmly adherent to the hyaloid, which was gently separated using a soft-tipped cannula when it was still found adherent to the underlying structures. After meticulous dissection, this cyst was found communicating to the sub retinal cyst through the posterior hyaloid [Fig. 2a].[2] Chandelier-assisted bimanual dissection was then performed to open up the 'hyaloid tunnel' [Fig. 2b] that enveloped its connection to the sub retinal component of the cyst, which was subsequently teased out into the vitreous cavity in toto with passive suction revealing its dumbbell shape [Fig. 2c].[3] It was then removed completely with a high-speed vitrectomy cutter. The bed of the cyst with surrounding fibrosis was lasered. At one-week follow up, her BCVA had improved to 20/120 and her retina was attached [Fig. 3]. Anticonvulsant and antiparasitic therapy were initiated.

Discussion

Chandelier-assisted bimanual dissection helps achieve meticulous dissection and isolation of the cyst in toto prior to its removal with a high-speed vitreous cutter, thus ensuring its complete removal and good post operative visual recovery.

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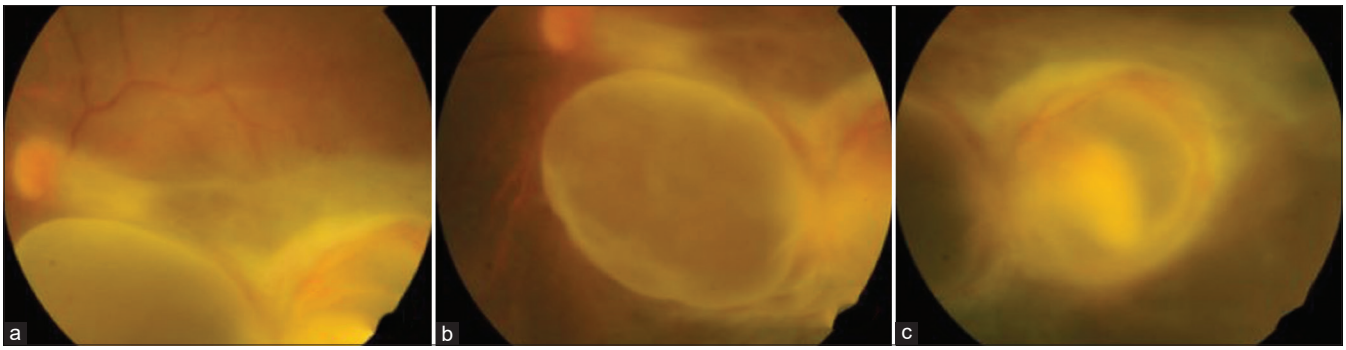

Figure 1: (a) Fundus photo of the left eye revealing two well defined overlapping translucent cysts, one large in the retro-hyaloid space (b) and one small in the sub retinal space (c) just below the inferior arcade

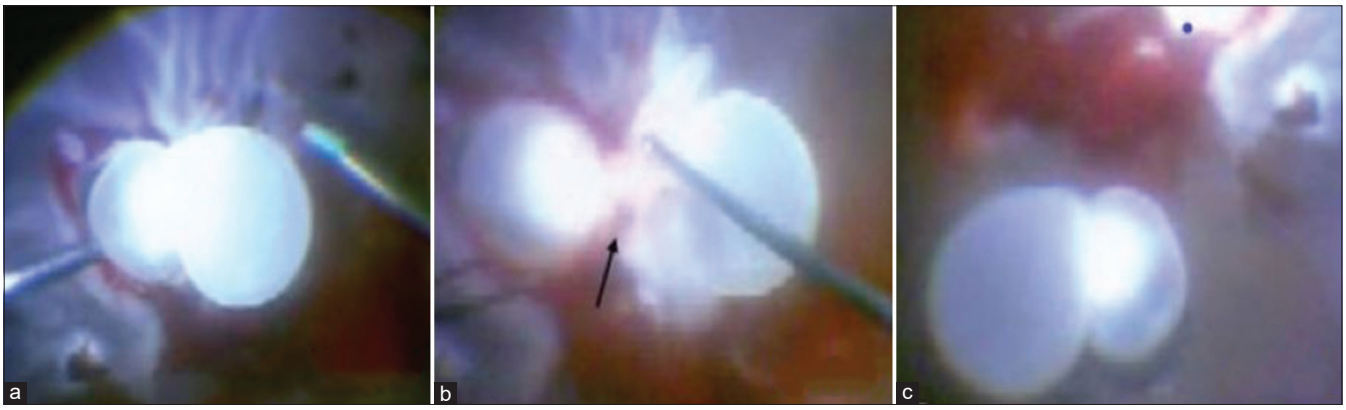

Figure 2: (a) Intra operative photo showing the communicating cyst *in situ*. (b and c) showing the 'hyaloid tunnel' (black arrow) and the dumbbell shaped cyst in toto

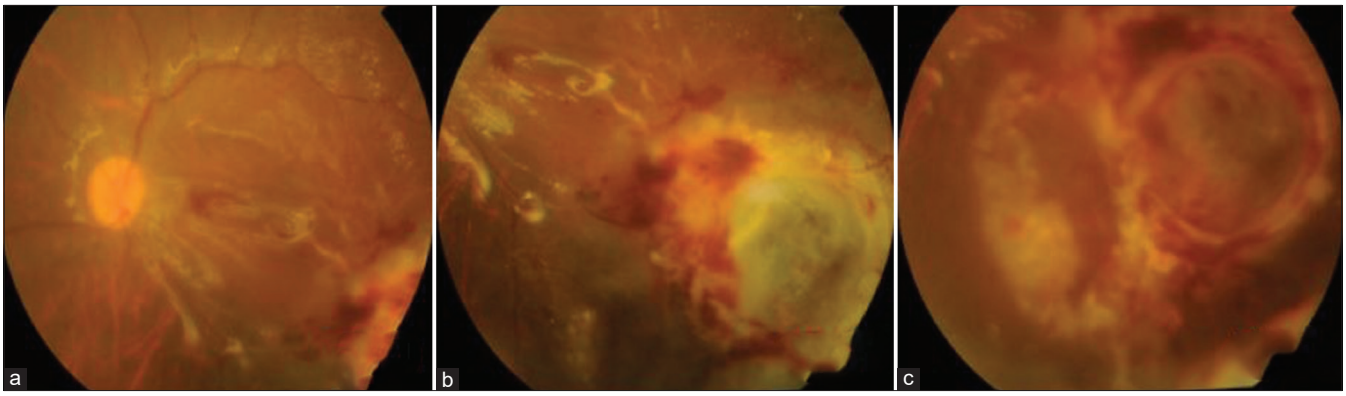

Figure 3: (a) Post operative fundus photo at 2 weeks follow up. (b and c) demonstrating the bed of the cyst

Conflicts of interest

There are no conflicts of interest.

References

1. Gemolotto G. A contribution to surgical treatment of intraocular cysticercosis. Arch Ophthalmol 1955;59:365-8.
2. Kumar A, Verma L, Khosla PK, Tewari HK, Jha SN. Communicating intravitreal cysticercosis. Ophthalmic Surgery, Lasers and Imaging Retina 1989;20:424-6.
3. Astir S, Shroff DN, Gupta C, Shroff CM, Saha I, Dutta R. Bimanual 25-gauge chandelier technique for direct perfluorocarbon liquid-silicone oil exchange in retinal detachments associated with giant retinal tear. Indian J Ophthalmol 2018;66:1849.