

Peripheral retinal vasculitis in chickenpox: A case report

Subham Sinha Roy, Amravi Shah¹,
Parthopratiim Dutta Majumder¹

Key words: Anterior uveitis, chickenpox, retinal vasculitis, varicella

A 22-year-old female presented to our clinic with blurring of vision and mild pain in the left eye for 2 days. She developed cutaneous papulovesicular eruptions over her forehead [Fig. 1a] for the last 5 days. She consulted a dermatologist who confirmed a clinical diagnosis of chickenpox and started her on oral acyclovir 800 mg 5 times daily. Slit-lamp examination of the left eye showed diffuse keratic precipitates, cells 1+, and flare 1+ in the anterior chamber with a clear lens and a quite anterior vitreous. Dilated fundus examination of both eyes was unremarkable at that time. At 1-week follow-up with topical steroid and cycloplegics, fundus examination of the left eye revealed mild vitritis, a normal disc and active vasculitis of retinal vessels in the extreme periphery, [Fig. 1b] which was confirmed by

fluorescein angiography (FA) of the left eye [Fig. 1c]. After 6 weeks, the fundus examination showed resolving retinal vasculitis with no evidence of any retinal lesion. At the 3-month visit, there was complete resolution of vasculitis, which was again confirmed with the help of a repeat FA, and antiviral treatment was stopped. She is under follow-up with us for the last 1 year and we did not observe any intraocular inflammation till date.

Discussion

Retinal vasculitis in chickenpox is uncommon, but has been reported in the literature.^[1-3] Varicella zoster virus (VZV) is known to enter the eye via neurons. Retinal involvement in VZV infection for example in acute retinal necrosis typically starts in the periphery that may correspond to the termini of the ganglion cells of the nerve fiber layer.^[4] The present case represents a subclinical inflammation of peripheral retinal vessels during the acute phase of the infection, which may be missed during the fundus examination at the presentation. We, therefore, recommend wide-field FA in patients with chickenpox who develop anterior uveitis.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have

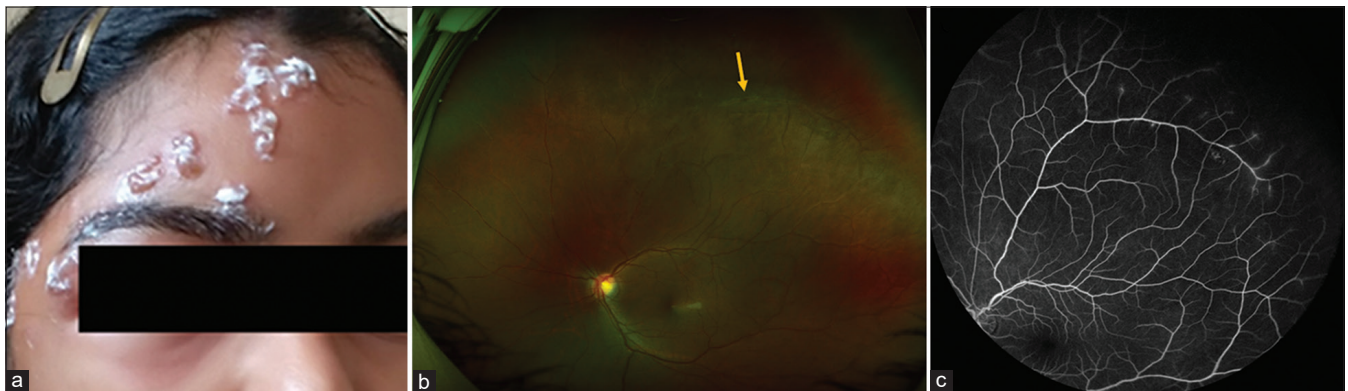


Figure 1: (a). External photograph of a 22-year-old female showing papulovesicular eruptions over her forehead due to primary varicella infection. (b). Fundus examination of the left eye revealed active vasculitis of retinal vessels in extreme periphery (c). Wide-field fundus fluorescein angiography confirmed the presence of retinal vasculitis

Access this article online	
Quick Response Code:	Website: www.ijjo.in
	DOI: 10.4103/ijjo.IJO_959_20

Department of Vitreoretina and ¹Medical and Vision Research Foundations, Sankara Nethralaya, Chennai, Tamil Nadu, India

Correspondence to: Dr. Parthopratiim Dutta Majumder, Department of Uvea, SankaraNethralaya, 18, College Road, Nungambakkam, Chennai - 600 006, Tamil Nadu, India. E-mail: drparthopratiim@gmail.com

Received: 12-Apr-2020
Accepted: 28-May-2020

Revision: 17-May-2020
Published: 20-Aug-2020

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Cite this article as: Roy SS, Shah A, Dutta Majumder P. Peripheral retinal vasculitis in chickenpox: A case report. Indian J Ophthalmol 2020;68:1952-3.

given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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