

Presumed neonatal cytomegalovirus retinitis treated with intravenous ganciclovir

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Key words: Chorioretinitis, cytomegalovirus retinitis, ganciclovir

A primi gravida mother brought a 4-week-old infant girl weighing 1.5 kg for a routine ophthalmic examination. On general physical examination, the baby was malnourished, small for age, lethargic, had conjunctival pallor, and icterus. The anterior segment of both eyes was within normal limits. Fundus evaluation revealed pigmented chorioretinitis lesion with retinal hemorrhages in both eyes (more in the left eye) [Fig. 1]. Serology revealed the presence of immunoglobulin M (IgM) and immunoglobulin G (IgG) antibodies against cytomegalovirus (CMV), confirmed by polymerase chain reaction.

The diagnosis of CMV retinitis was made, and the baby was treated with intravenous ganciclovir (10 mg/kg/day) for 4 weeks, followed by oral valganciclovir (16 mg/kg/day) for 4 weeks. The general condition of the baby improved in the following weeks, and the chorioretinitis lesions healed in both the eyes.

Discussion

The incidence of CMV chorioretinitis is reported to be 25% in infants with symptomatic congenital CMV infection and 1% in asymptomatic infants.^[1] The most common ophthalmic manifestation of congenital CMV infection is chorioretinitis.^[2] Congenital symptomatic CMV infection is characterized by intrauterine growth restriction; hepatosplenomegaly, hematological abnormalities like anemia, thrombocytopenia, pneumonitis, and gastrointestinal tract disease.^[3] Treatment of CMV retinitis is usually done

with systemic (oral/intravenous) or intravitreal ganciclovir. Untreated retinitis can progress to blindness because of extensive retinal necrosis, optic nerve involvement, or retinal detachment.^[3]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have 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 The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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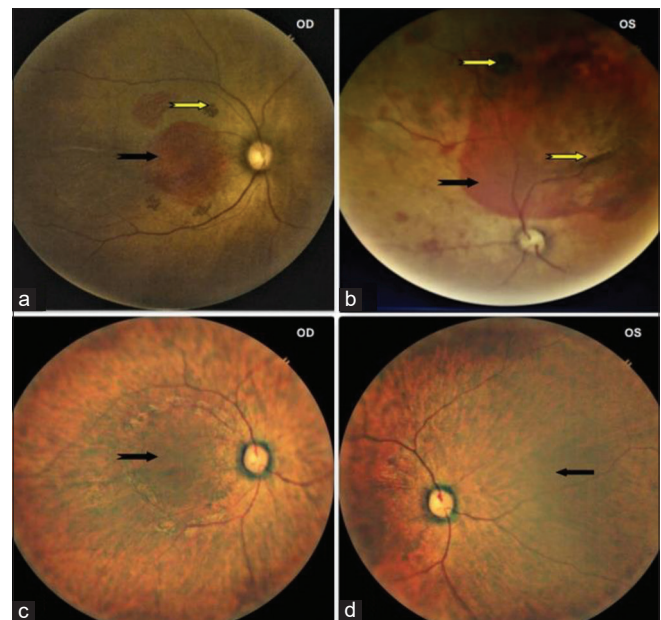


Figure 1: Fundus photograph showing (a) right eye, subretinal hemorrhage at the macula (black arrow mark) with patchy hyperpigmented lesions around with sclerosed vessels (yellow arrow mark); (b) left eye, massive subretinal hemorrhage (black arrow mark), superotemporal chorioretinitis lesion with sclerosed vessels (yellow arrow mark); and (c) and (d) 8 weeks following treatment, right and left eye showing clearance of hemorrhage, a pigmentary atrophic lesion at macula and periphery (black arrow mark)

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Conflicts of interest

There are no conflicts of interest.

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