Ultra-widefield image of a toxocara granuloma with an adjacent retinal break and retinal detachment



Figure 1: Ultra-widefield Optos image of right eye of patient showing a total retinal detachment with a peripheral toxocara granuloma, retinal fold, and an adjoining retinal break. Inferior retinal periphery shows a subretinal retinal fold

A 17-year-old child presented with 2 month history of decreased vision in right eye. Visual acuity was hand movement, pupillary reaction sluggish, anterior chamber quiet, lens clear, and vitreous cavity quiet. A total retinal detachment with temporal peripheral granuloma and retinal fold was suggestive of Toxocara with a large retinal break adjoining the retinal fold. [1,2] Inferior retina had a subretinal band (Fig. 1: Optos Image). [3,4] Human infection of Toxocara is due to accidental ingestion of infective eggs of Toxocara cati or canis from contaminated food or geophagia. Children up to 10 years are more prone to be infected due to geophagia.

Acknowledgements

We would like to thank: Mr Sudip Ghosh, Ophthalmic photographer and Mr Deb Kumar Paul, Ophthalmic photographer: Disha Eye Hospitals Kolkata, West Bengal, India.

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 The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship Nil.

Conflicts of interest

There are no conflicts of interest.

Debdulal Chakraborty, Subhendu Boral, Angshuman Mukherjee, Saptorshi Majumdar

Department of Vitreoretina Services, Disha Eye Hospitals, Kolkata, West Bengal, India Correspondence to: Dr. Debdulal Chakraborty,
Department of Vitreoretina Services, Disha Eye Hospitals,
Ghosh Para Road, Barrackpore, Kolkata - 700 120, West Bengal, India.
E-mail: devdc@rediffmail.com

References

- Nussenblatt RB. Toxocara canis. In: Nussenblatt RB, Whitcup S, Editors. Uveitis: Fundamentals and Clinical Practice. Philadelphia: Mosby; 2004. p. 244-9.
- Stewart JM, Cubillan LDP, Cunningham ET. Prevalence, clinical features, and causes of visual loss among patients with ocular toxocariasis. Retina 2005;25:1005-13.
- 3. Reznicek L, Stumpf C, Seidensticker F, Kampik A, Neubauer AS, Kernt M. Role of wide-field autofluorescence imaging and scanning laser ophthalmoscopy in differentiation of choroidal pigmented lesions. Int J Ophthalmol 2014;7:697-703.
- Campbell JP, Leder HA, Sepah YJ, Gan T, Dunn JP, Hatef E, et al. Wide-field retinal imaging in the management of noninfectious posterior uveitis. Am J Ophthalmol 2012;154:908-11.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code:	Website:
间的类较级间	www.ijo.in
	DOI: 10.4103/ijo.IJO_1294_19

Cite this article as: Chakraborty D, Boral S, Mukherjee A, Majumdar S. Ultra-widefield image of a toxocara granuloma with an adjacent retinal break and retinal detachment. Indian J Ophthalmol 2019;67:1884.