

Bilateral conjunctival suffusion: An ocular manifestation of leptospirosis

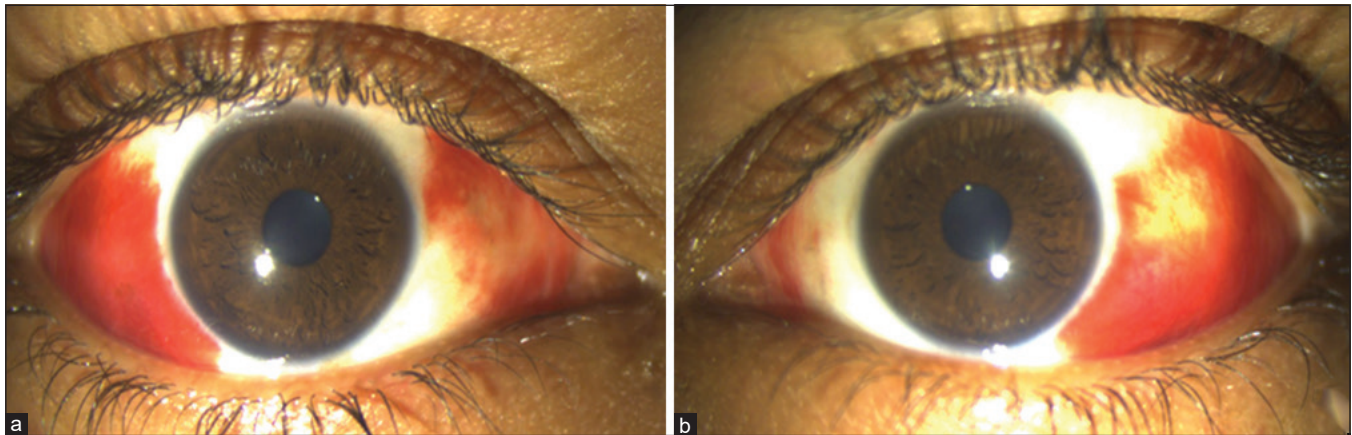


Figure 1: (a) Anterior segment photograph of the right eye showing diffuse redness of the temporal and nasal conjunctiva, suggestive of right eye conjunctival suffusion. (b) Anterior segment photograph of the left eye showing diffuse redness of the temporal conjunctiva, suggestive of left eye conjunctival suffusion

A 21-year-old male with visual acuity 20/20 OU presented with bilateral red eyes, fever, and vomiting. Slit-lamp examination revealed bilateral non-tender, diffuse conjunctival redness, suggestive of bilateral conjunctival suffusion [Fig. 1]. The systemic evaluation was notable for fever and hepatosplenomegaly; investigations revealed thrombocytopenia, raised transaminases, with pleural effusion, and ascites on ultrasonography. Serology for leptospirosis with enzyme-linked immunosorbent assay technique (Immunoglobulin-M antibodies 12.56) and blood culture confirmed the diagnosis of leptospirosis. Widal test and serology for HIV and dengue were negative, with negative past history. Ocular and systemic disease resolved completely in 1 week after treatment with intravenous ceftriaxone.

Humans become infected with the pathogenic organism, *Leptospira interrogans*, through water or soil contaminated by urine of infected animals.^[1,2] Conjunctival suffusion, fever, and vomiting are early features of leptospirosis. Redness of the conjunctival suffusion mimics conjunctivitis and is distinguished from it by the absence of foreign body sensation, follicular reaction, and purulent discharge.^[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 The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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References

1. Haake DA, Levett PN. Leptospirosis in humans. *Curr Top Microbiol Immunol* 2015;387:65-97.
2. Gangadhar NL, Prabhudas K, Gajendragad MR, Shashibhushan J, Ahmed K. Leptospirosis: An enigma of zoonosis for the developing world. *Infect Dis J* 2006;15:20-4.
3. Vanasco NB, Schmeling MF, Lottersberger J, Costa F, Ko AI, Tarabla HD. Clinical characteristics and risk factors of human leptospirosis in Argentina (1999-2005). *Acta Trop* 2008;107:255-8.

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Access this article online	
Quick Response Code:	Website: www.ijo.in
	DOI: 10.4103/ijo.IJO_2272_19

Cite this article as: Khurana S, Gupta PC, Ram J. Bilateral conjunctival suffusion: An ocular manifestation of leptospirosis. *Indian J Ophthalmol* 2020;68:1971.