Ocular leptospirosis in a child - A rare uveitis cause to be considered

Koay Jiah Bou. Tan Teng Siew, Tan Li Mun

Hospital Sibu, Kementerian Kesihatan Malaysia

ABSTRACT

Objective: To report a rare case of ocular leptospirosis presenting as panuveitis in a 2-year-old child. **Method:** A case report. **Results:** Leptospirosis is a frequently underdiagnosed communicable disease caused by the zoonotic spirochete Leptospira spp, which has a higher prevalence in tropical regions such as Malaysia. Leptospirosis has protean manifestations and consists of 2 phases; the initial septicaemic phase followed by the immune phase. Ocular manifestations frequently present during the latter immune phase. This was recognized in a 2-year-old Iban boy who presented with left hypopyon and vitritis with a prior history of mild conjunctival injection. Retinoblastoma was ruled out and extensive investigations for uveitis were ordered but they did not yield any positive results. The hypopyon resolved with topical steroids but the persistent vitritis has led us to further investigate for Leptospirosis which was tested positive. This case highlights the challenges encountered to arrive at the final diagnosis of leptospiral uveitis in a child. **Conclusion:** Ocular leptospirosis is often underdiagnosed and it is paramount that a suspicion for the disease is maintained especially in a child living in endemic areas. This is to ensure that prompt treatment can be given to prevent reversible and irreversible ocular complications.

Ocular manifestations among HIV-infected patients

Wang Shir Yen, Sharifah Azean Azira, Wong Chee Kuen, Mimi Marina bt Mior Ibrahim

Hospital Teluk Intan, Kementerian Kesihatan Malaysia

ABSTRACT

Objective: To discuss the approach and ocular manifestations among HIV patients. **Method:** A Case study. **Results:** A 40-year-old man presented with right eye painless progressive decreased vision for 2 weeks duration. His visual acuity was counting finger right eye with a positive relative afferent pupillary defect and 6/9 left eye. Examination showed non-granulomatous anterior uveitis in both eyes. Fundus examination revealed bilateral posterior uveitis with the right eye showing dense retinitis involving macula area. Systemic workup for both infectious and non-infectious causes was done. Test for both syphilis and HIV serology were positive. The CD4 count was 133c/µl. CT brain showed hypodensity at right basal ganglia consistent with neurosyphilis. Thus, the patient was co-managed with the medical team for ocular syphilis treatment with IV Benzyl Penicillin 4 Mega units 4 hourly for two weeks according to neurosyphilis guideline. He was subsequently started on co-trimoxazole for 6 weeks in view of positive toxoplasma IgG antibodies. Subsequent CT brain showed resolution changes after the treatment. Serial fundus photographs taken during subsequent follow-ups showed improved ocular signs. **Conclusion:** In certain cases of HIV-infected patients, ocular findings may be the first sign manifested due to its ability to affect any organs in the body. Baseline studies for other co-infections are important in the initial workup of a patient newly diagnosed with HIV. Opportunistic infections such as syphilis and toxoplasmosis may occur concurrently as the CD4 count decreases. Prompt treatment should be given to halt the further ocular damage. A multi-disciplinary therapeutic approach is important in managing HIV and opportunistic infections related to HIV.

KEY WORDS:

Ocular manifestation, HIV infection