Clinical insights into infectious neuroretinitis: case series

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ABSTRACT

Infectious neuroretinitis, commonly caused by Bartonella species, which is usually transmitted via cat scratch. We report 3 cases of infectious neuroretinitis in single centre. Case-1: A 19-year-old Malay gentleman with a one-week history of left eye (LE) central scotoma, headache and vomiting. Vision LE hand movement. Examination showed LE optic disc (OD) swelling and macular star formation. He received 6-weeks of oral azithromycin. Post treatment LE vision improved to 6/24 with resolving scotoma. Case-2: A 27-year-old Malay lady, presented with one-day history of LE blurring of vision with fever and right cervical lymphadenopathy. Vision was right eye (RE) 6/9 and LE 6/60. Examination revealed bilateral asymmetrical bilateral OD swelling with retinitis and LE macular star. Fluorescein angiography showed bilateral OD hyperfluorescence and LE cystoid macular oedema. She completed one-week-of intravenous ceftazidime and 10-weeks-of oral doxycycline, rifampicin, and prednisolone. Clinically, LE vision improved to 6/9 with reducing OD swelling, retinitis and macular star. Case-3: A fifty-years-old Malay lady presented with two-weeks history of RE scotoma and fever. Vision RE counting finger. Examination showed presence of OD swelling, choroiditis, vitritis, and macular star over RE. She received 6-weeks-of oral doxycycline. RE vision was improved to 6/18 with reducing scotoma, OD swelling, and vitritis. These three patients had a history of unvaccinated cat scratches and positive IgG for Bartonella Hensalae. Bartonella neuroretinitis is clinical diagnosis. Treatment remains controversial, either antibiotics alone or antibiotics with steroid. Most patients achieve good visual recovery post treatment.