Ocular toxoplasmosis in an immunocompetent host

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ABSTRACT
Objective: To report a case of ocular toxoplasmosis in an immunocompetent individual. **Method:** Case report. **Results:** A 59-year-old man complained of left eye floaters and blurred vision for 2 weeks, without eye redness nor photophobia. He denied any history of contact with neither cats nor high risk behaviour. Vision over right eye: 6/9 and left eye: counting finger (CF). There were left eye circumcorneal congestion with fine keratic precipitates (KPs). No mutton fat KPs, iris nodules or posterior synechiae seen. Anterior chamber was deep with cells of 2+. Fundus showed retinitis at the posterior pole, extending from chorioretinal scar superotemporal to optic disc, measuring 1-disc diameter in size. The right eye was normal. Intraocular pressure (IOP) was 11mmHg and 23mmHg for right eye and left eye respectively. His serum Toxoplasma IgG was reactive and IgM was non-reactive. Infective screening for Hepatitis B, C, VDRL and HIV, Mantoux test and chest X-ray were unremarkable. He was diagnosed with left eye panuveitis secondary to ocular toxoplasmosis and was started on Tablet Bactrim (Trimethoprim/Sulfamethoxazole) 160mg/800mg once daily and commenced on Tablet Prednisolone 0.5mg/kg/day three days later. Subsequent review showed improvement of uveitis. Tablet Bactrim was continued for 6 weeks and systemic corticosteroid was tapered down accordingly. His left eye vision remained as CF two months post treatment. Macula was atrophic with dull foveal reflex. **Conclusion:** Ocular toxoplasmosis is a clinical diagnosis, and immunocompetent individuals are not spared. Therefore, a high index of suspicion is crucial to expedite prompt treatment thus minimizing the risk of irreversible retinal damage.

KEY WORDS:
Toxoplasmosis

Onodi cell mucocele mimics retrobulbar optic neuritis causing blindness

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ABSTRACT
Objective: To report a patient with Onodi cell mucocele that mimicked retrobulbar optic neuritis. **Method:** a Case report. **Results:** 49 years old Malay gentleman with underlying hypertension presented with 2 days history of recurrence sudden visual loss in the left eye preceded by a a frontal headache which was throbbing in nature. He had a history of left eye optic neuritis 9 years ago which improved after being treated with steroid therapy. He denied any history of contact with tuberculosis or any constitutional symptoms. There was no family history of malignancy. On examination, best corrected visual acuity on the left eye was hand movement with a positive relative afferent pupillary defect and the left eye was 6/9. Anterior examination over the right eye showed the presence of lipodermatosclerosis over the conjunctiva temporally. The left eye anterior segment has no significant findings except the cataractous lens. Funduscopy of the left eye showed pink optic disc, clear disc margin, CDR 0.6, macula and retina are normal. Computed tomography showed expansile tissue lesion in the left Onodi cell compressed the intracanalicular segment of the left optic nerve. Magnetic resonance imaging reported as left Onodi cell mucocele that compressed against the left optic nerve, no definite infiltration or intracranial extension. The patient underwent endoscopic microsurgery with left optic nerve decompression. However, there was no improvement in the left eye vision postoperatively. **Conclusion:** Ophthalmologists should be cautious in dealing with retrobulbar optic neuritis as Onodi cell mucocele can compress on the optic nerve. An urgent imaging study and multidisciplinary team approach need to be addressed.

KEY WORDS:
Onodi cell mucocele, retrobulbar optic neuritis