OPEN ACCESS Freely available online

Journal of Clinical and Experimental Ophthalmology

Clinical Image

Serial Images of Post Infectious Neuroretinitis Complete Recovery

Kanchan Vasantrao Selukar*, Sachin V Daigavane, Swapneel Mathurkar, Archana Thool

Department of Ophthalmology, Jawaharlal Nehru Medical College, Wardha, Maharashtra, India

DESCRIPTION

Neuroretinitis is a focal inflammation of the optic nerve and peripapillary retina or macula. It can be either infectious or idiopathic and is characterized by acute unilateral vision loss [1,2]. The pathophysiology of neuroretinitis is characterized by an inflammation of the optic disc vasculature with exudation of fluid into the peripapillary retina. Gass [3] established optic disc leakage by fluorescein angiography and suggested the term neuroretinitis.

It has been reported that in an idiopathic neuroretinitis visual prognosis is excellent, with or without interventions. The use of corticosteroids has proven beneficial for reducing inflammation in patients of neuroretinitis [4].

The earliest clinical abnormality in neuroretinitis is optic disc edema from inflammation followed by appearance of the macular star. Patients who present with papillitis or inflammatory disc swelling may be re-examined after 2 weeks for fundus. It typically precedes the development of macular star by 1-3 weeks and resolves spontaneously after 8-12 weeks. The disc swelling and macular fluid subside over a few weeks leaving behind the lipoprotein deposits (or hard exudates) in the macula. The hard exudates may take 6-12 months to resorb.

60 year old female presented in ophthalmology Outpatient Department (OPD) with sudden painless progressive diminution of vision in left eye. She had past history of fever 15 days back. On ocular examination, she had visual acuity of counting finger 1 meter not improved on pinhole test, colour vision was abnormal and contrast sensitivity reduced in left eye. On swinging flash light test showed Relative Afferent Pupillary Defect (RAPD). On indirect ophthalmoscopic fundus examination in left eye disc edema, macular star and single gray white lesion superior temporal to the optic disc was seen. Fundus were suggestive of neuroretinitis in left eye. On examination, right eye was within normal limits.

Further investigating Completed Blood Count (CBC) showed leucocytosis. Erythrocyte Sedimentation Rate (ESR) raised. QuantiFERON TB gold test was found to be positive. Afterwards, she was started with anti-tubercular drug therapy for 6 months and oral corticosteroids were weekly tapered for 6 weeks.

Follow up done on day 7th day, 15th day, 30th day, 3 months and 6 months respectively. After completing above treatment, visual acuity and best corrected visual acuity was 6/6. Colour vision and contrast sensitivity was improved. Fundus examination there was complete resolution of neuroretinitis (Figures 1-5).

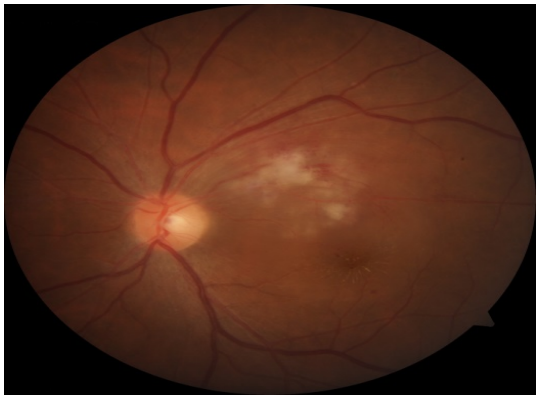

Figure 1: 1st day of fundus image of left eye shows optic disc edema and superotemporal retinal patch with starting of macular star.

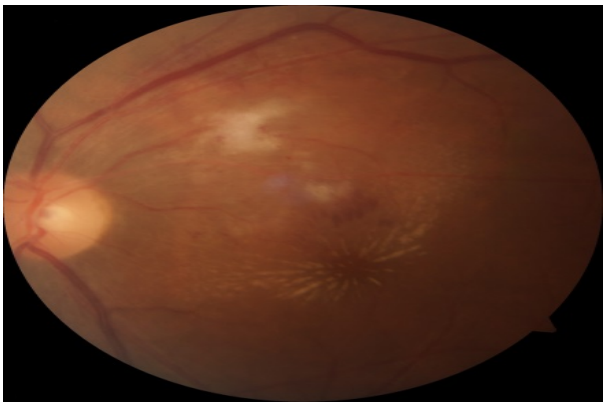

Figure 2: 15th day of fundus image of left eye shows resolving of optic disc edema and superotemporal retinal patch and increasing macular star.

Correspondence to: Kanchan Vasantrao Selukar, Department of Ophthalmology, Jawaharlal Nehru Medical College, Wardha, Maharashtra, India, E-mail: drkanchanselukar711@gmail.com

Received: 28-Apr-2023, Manuscript No. JCEO-23-22304; **Editor assigned:** 01-May-2023, PreQC No. JCEO-23-22304 (PQ); **Reviewed:** 15-May-2023, QC No. JCEO-23-22304; **Revised:** 22-May-2023, Manuscript No. JCEO-23-22304 (R); **Published:** 30-May-2023, DOI: 10.35248/2155-9570.23.14.947.

Citation: Selukar KV, Daigavane SV, Mathurkar S, Thool A (2023) Serial Images of Post Infectious Neuroretinitis Complete Recovery. J Clin Exp Ophthalmol. 14:947

Figure 3: 1 month of fundus image of left eye shows resolving superotemporal retinal patch and increasing macular star.

Figure 4: 3 months of fundus image of left eye shows resolved superotemporal retinal patch and resolving macular star.

Figure 5: 6 months of fundus image of left eye shows complete resolution of superotemporal retinal patch and macular star. Complete recovery from neuroretinitis in left eye.

REFERENCES

1. Maitland CG, Miller NR. Neuroretinitis. Arch Ophthalmol. 1984;102(8):1146-1150.
2. Miller NR, Hoyt WF, Walsh FB. Clinical neuro-ophthalmology. Williams & Wilkins. 1982. 234-235.
3. Gass JD. Diseases of the optic nerve that may simulate macular disease. Trans Sect on Ophthalmol Am Acad Ophthalmol Otolaryngol. 1977;83(5):763-770.
4. Hamard P, Hamard H, Ngohou S. Leber's idiopathic stellate neuroretinitis. Apropos of 9 cases. J Fr Ophtalmol. 1994;17(2): 116-123.