Answer
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Diagnosis
Toxoplasma specific IgG antibody titer was very high in the patient's serum (1:400) but IgM titer was not high. The patient recovered after treatment with pyrimethamine (Daraprim), sulfadiazine, and folinic acid (Leukovorium Factor) for 8 weeks. The diagnosis was Toxoplasma chorioretinitis.

Discussion
Toxoplasma Gondii, is an obligate intracellular protozoan, which is transmitted by eating raw or undercooked meat contaminated with oocysts.

It may cause asymptomatic acquired infection or may present as lymphadenopathy or chorioretinitis with or without fever, malaise and other nonspecific symptoms in an immunocompetent person.

It may present as a congenital toxoplasma infection if transmitted transplacentally from a pregnant mother to her fetus. In immunocompromised situations including HIV infection, organ and stem cell transplantation, corticosteroid therapy and chemotherapy, and malignancies specially Hodgkin's Disease, it may present as an acute disseminated illness, specially encephalitis.

Toxoplasma induced chorioretinitis occurs in 1% of normal population in US and Western Europe, but 35% of chorioretinitis patients are due to this organism. It manifests as blurred vision, floaters, photophobia, macular involvement, glaucoma, and loss of vision.

Treatment of ocular toxoplasmosis consists of pyrimethamine, sulfadiazine, together with leukovorium for 2 - 4 weeks, or 1 week after resolution of the lesion. Systemic corticosteroids are administered when the lesion involves macula, optic nerve, and papillomacular bundle. In immunocompromised patients the duration of therapy may be extended to 4-6 weeks after all symptoms and signs have been resolved. Trimetoprim-sulfametoxazol has been tried for treatment and prophylaxis of toxoplasmosis.

References