

TOXOPLASMOSIS (CASE STUDY)***Ronald N. E. and Oluremi A. T.**

Nigeria.

***Corresponding Author: Ronald N. E.**
Nigeria.

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PRAEMBLE

Toxoplasma organism was first discovered in 1908 by Nicolle & Mancean.

Infection have been recorded in domestic animal, especially those that have feathers or furs (i.e dog & fowl).

Toxoplasma organism is a protozoan, has a slender slightly curved body & is suspected to reproduce inside the cells of the host tissue.

Toxoplasma can be found readily in sections of the hearts, lungs, muscle, testis, brain & eye.

When present in the eyes. It is characterized by choroiditis affecting particularly the macular region and could often be accompanied by peripheral lesions. It is usually bilateral, though cases of unilateral onset is not uncommon, Leading eventually to infection of the second eye.

In Oyo State. Toxoplasmosis is commonly seen amongst livestock farmers and domestic animal keepers to name a few.

CASE PRESENTATION

NAME: Mr. M.O. SEX: Male

AGE: 32yrs.

DATE: 6th March 2006.

He presented in the clinic on above date with Right eye/Head side pain, connecting to the ear after (RE) injury in 1989. He has painful (RE) especially when stressed.

Entry visual Acuity RE 6/24

Without Glasses LE 6/5

Both eyes Near J+1 @ 20 cm VA 20/20

Right BP 142 / 84 mmHg Pulse. 105b/m

Sitting down

Left BP 135/83mmHg Pulse 97b/m

Sitting down

External Examination both eyes indicated

External Adnexa	-	NAD	
Conjunctive	-	QUIET	
Cornea	-	CLEAR	
A/C angle	-	DEEP	
Pupils	-	SAME	&
REACTIVE			
Lens	-	TRANSPARENT	

FUNDUSCOPY

Right eye: Pigmentary changes.

Pale atrophic areas at the macular.

Lesions at the macular region.

The site & symmetry of lesions suggested.

TOXOPLASMOSIS.

Left eye: Appeared relatively quiet.

Both eye: Funduscopy revealed a cup/disc ratio of 4 /10.

A central visual field investigation was carried out on the patient using Octopus visual analyzer.

Attached is the result, Indicating the area/extent of the Toxoplasmosis in Right eye.

He was referred for review & treatment to an Ophthalmologist.

The following drugs were prescribed:-

- Gutt Dexameyocin t.d.s (BE)
- Tab Neurobion i bd 2/52
- Cap Maxivision i dly 2/52
- Tab forpain ii bd x 2/52.

A repeat visit was made on 12th April 2006. The patient felt better.

Entry visual Acuity RE 6/24

Without glasses LE 6/5

Near J+1 @ 40cm VA 20/20

Without glasses

Right BP 111/65mmHg Pulse 85b/m
Sitting down

Left BP 105/60mmHg Pulse 82b/m
Sitting down

FOUNDUSCOPY (BES) REVIEW

Right eye pigmentary cells & areas of lesion tending towards necrosis.

Left eye – appeared quiet.

Another visit to the Ophthalmologist for a review was arranged. The Ophthalmologist directed a repeat of:

- Tab Neurobion ii bd x 2/32
- Cap Maxivision i dly x 2/52

A tentative Auto refraction was done with the following results (to ascertain the refractive status of both eyes)

Right eyes 1.00 D.S

Left eye plano 0.25 x 090

SUBJECTIVE

Right eye 0.50 D.S. 6/24

Left eye plano 6/5

No prescribed specs was given as there was no appreciable difference in visual Acuity

A repeat autorefraction is scheduled in 3 months by which time the Right eye should have healed.

The patient was advised to use sunshades as a form of protection for the eyes.