

# Toxoplasmosis Neuroretinitis: Jensen's Disease

## Neurorretinite por Toxoplasmose: Doença de Jensen



Filipe Gouveia Moraes\*, Diogo Cabral, Nuno Campos

Ophthalmology Department of Hospital Garcia de Orta, Almada, Portugal

Received/Recebido: 13-03-2021

Accepted/Aceite: 31-03-2021

Published/Publicado: XX-XX-XXXX

\* Author(s) or their employer(s) and Oftalmologia 2021. Re-use permitted under CC BY-NC. No commercial re-use.

\* Autor(es) ou seu(s) empregador(es) e Oftalmologia 2021. Reutilização permitida de acordo com CC BY-NC. Nenhuma reutilização comercial.

**KEYWORDS:** Retinal Diseases; Retinitis; Toxoplasmosis Ocular

**PALAVRAS-CHAVE:** Doenças Retinianas; Retinite; Toxoplasmose Ocular

A 13 years-old girl presented to an emergency referral for progressive painless vision loss at the right eye in the last week. Systems enquiry and medical history was unremarkable. She was natural from Brazil and moved to Lisbon area two years back. The best corrected visual acuity was counting fingers in right eye (OD) and 20/20 in left eye (OS). OD anterior segment observation disclosed mild anterior segment inflammation (2+ anterior chamber cells) and mild vitreous haze. Fundus examination demonstrated optic disk oedema with an active chorioretinal lesion at the inferotemporal margin, macular exudates in a star pattern and segmental venous vasculitis. Multimodal imaging was performed including widefield fundus photography and fluorescein angiography (Fig.s 1 and 2). Fundoscopic examination of OS revealed a peripheral pigmented chorioretinal scar. While a systemic workup for infectious causes was conducted, we assumed a presumptive diagnosis of *Toxoplasma Gondii* infectious neuroretinitis and treated the patient with trimethoprim/sulfamethoxazole plus prednisolone 1 mg/kg/day. Laboratory evaluation showed serologic evidence for *Toxoplasma gondii* exposure with a low IgM and high IgG (245 IU/mL) titers. Neuroretinitis subsided and the visual acuity 6 months after the episode was 20/50 OD.



Figure 1 Widefield fundus photography

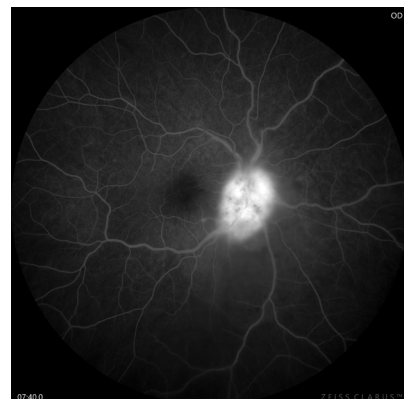


Figure 2 Fluorescein angiography

## ETHICAL DISCLOSURES

**Conflicts of Interest:** The authors have no conflicts of interest to declare.

**Financing Support:** This work has not received any contribution, grant or scholarship.

**Confidentiality of Data:** The authors declare that they have followed the protocols of their work center on the publication of data from patients.

**Patient Consent:** Consent for publication was obtained.

**Provenance and Peer Review:** Not commissioned; externally peer reviewed.

## RESPONSABILIDADES ÉTICAS

**Conflitos de Interesse:** Os autores declaram a inexistência de conflitos de interesse na realização do presente trabalho.

**Fontes de Financiamento:** Não existiram fontes externas de financiamento para a realização deste artigo.

**Confidencialidade dos Dados:** Os autores declaram ter seguido os protocolos da sua instituição acerca da publicação dos dados de doentes.

**Consentimento:** Consentimento do doente para publicação obtido.

**Proveniência e Revisão por Pares:** Não comissionado; revisão externa por pares.



**Corresponding Author/  
Autor Correspondente:**

**Filipe Gouveia Moraes**

Ophthalmology Department, Hospital  
Garcia de Orta

Avenida Torrado da Silva

2805-267 Almada, Portugal

filipegouveia94@gmail.com



ORCID: 0000-0003-0584-9735