Other full case

Combined retinal detachment and candida chorioretinitis

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Summary

To report a case of slowly progressive traction and rhegmatogenous retinal detachment after successfully managed candida chorioretinitis. A 44-year-old immunocompromised woman was treated with voriconazole for fungal chorioretinitis. Six months after onset she developed a combined retinal detachment. Slow progression of retinal detachment was observed and vitrectomy was performed. The macular area remained attached and visual acuity was maintained. Ophthalmologists should be aware of this unusual complication after the resolution of active candida chorioretinitis.

BACKGROUND

Traction retinal detachments (TRDs) are unusual complications of successfully managed candida chorioretinitis.^{1 2} We report a well-documented case of slowly progressive combined retinal detachment in an immunocompromised patient without final visual loss.

CASE PRESENTATION

A 44-year-old woman presented with a 1-week history of bilateral floaters. She had a history of hepatitis C infection and Centers for Disease Control and Prevention stage C3 HIV. She had been an user of injected drugs for 5 years. Initial visual acuity was 20/20 in both eyes. Fundus examination showed a peripheral chorioretinal abscess in the 2 o'clock meridian in the right eye and another white abscess in the inferior-temporal vascular arcade in the left eye. Mild perilesional vitreitis was present.

INVESTIGATIONS

Blood culture was positive for *Candida albicans*.

TREATMENT

Voriconazole therapy was initiated (400 mg twice on day 1 and 200 mg twice/day thereafter) and maintained for 3

months. Six months after onset a partial posterior vitreous detachment (PVD) developed in her left eye. It exerted anteroposterior traction on a chorioretinal scar creating an extramacular TRD. Progression of the TRD was observed 2 weeks later (figure 1). Surgery was advised but the patient was lost to follow-up.

Two months later the patient returned to our clinic. Small retinal holes had developed at the edge of the chorioretinal scar resulting in a rhegmatogenous component (figure 2). A pars plana vitrectomy with perfluorocarbon liquid injection, endolaser photocoagulation and gas-fluid exchange with a 20% mixture of SF₆ was performed.

OUTCOME AND FOLLOW-UP

At 6-month follow-up the macular area remained attached and visual acuity of 20/20 was maintained.

DISCUSSION

TRD in patients with resolved candida chorioretinitis is usually associated with epiretinal membranes. These membranes may be the result of inflammation and vitreous traction and are located over the macular area.¹

No dense fibrovascular membranes were identified in our patient. The posterior hyaloid remained attached to the

Figure 1 (A) Fundus photograph of the left eye showing traction retinal detachment. (B) Progression of detachment is observed 2 weeks later (indicated by the star).

Figure 2 Small retinal holes at the edge of the chorioretinal scar are shown. The fovea remained attached.

chorioretinal scar. This adhesion results from cell migration and proliferation in the vitreous during active infection. TRD may appear when the vitreous traction force is stronger than the retinal–early receptor potential layer adhesion. Increased blood components or inflammatory cells induce vitreous gel shrinkage. Concurrence of strong vitreoretinal adhesion and vitreous shrinkage produces a partial PVD with a thickened posterior vitreous cortex.³ Detecting this type of PVD in patients with resolved *Candida* infection may alert the physician to the possible appearance of a TRD.

The location of the chorioretinal scar probably influences the appearance of these TRDs. Major retinal blood vessels are areas of relatively firm attachment of the vitreous to the retina.⁴ When the inflammatory focus is located over a vascular arcade, as in our case, PVD may be the main contributory cause.

Learning points

- ▶ Slowly progressive combined traction and rhegmatogenous retinal detachment as a result of a *Candida* chorioretinitis is a potentially serious complication.
- ▶ Ophthalmologists should be aware of this unusual complication after resolution of active *Candida* chorioretinitis.
- ▶ Vitrectomy is mandatory if progression of combined retinal detachment is documented in order to avoid loss of vision.

Acknowledgements The authors thank C Newey for revising the English language.

Competing interests None.

Patient consent Obtained.

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Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Vela J, Roselló N, Díaz-Cascajosa J, Crespú J, Buil JA. Combined retinal detachment and candida chorioretinitis. *BMJ Case Reports* 2010;10.1136/bcr.01.2010.2648, date of publication

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