

Case report: Dengue viral acute diffuse maculopathy

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Purpose

→ Dengue is a viral infection, endemic in over 100 countries, typically in tropical and urban areas. Dengue's ocular manifestations are rare, but relevant. Its prognosis range from complete resolution to permanent loss of vision quality. Data on dengues ocular complications are still scare in the literature as well as references with longer follow-ups in a case. The purpose of this presentation is to report a clinical case of dengue maculopathy after 3 years of clinical evolution.

Case Report:

- UNIDADE OF TALMOLÓGICA DE LASER
- → Male, 31 years old, from Santos SP, complains of sudden loss of the central vision in both eyes (OU)
 3 years ago.

Doesn't feel pain, trauma or any other ocular symptoms at the onset. However, relates an important fever and prostration at the occasion. This symptoms, made him look for a hospital where he was examined, he had a clinical diagnosis of Dengue fever (no blood test) and the clinical support necessary.

- \rightarrow Nowadays, he maintains bilateral central scotomas, which are stable since then.
- → Denies comorbidities, family history of ocular or systemic diseases and also use of medications.
- → Ophthalmologic Examination:

Best corrected visual acuity: Right eye (RE): 20/40 Left eye (LE): 20/60 Biomicroscopy (OU): no alterations Fundoscopy (OU): optic disk are vessels preserved. Rarefaction of retinal pigment epithelium (RPE) in circumscribed macular region.



Case Report: Complementary Exams

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→ Visual Field Test (OU): Heighten indexes (MD, PSD); bilateral fair central scotoma



Angiofluoresceinografia
(OU): diffuse fluorescence alteration at RPE;
flocculated aspect.
Alterations involve:
avascular, homogeneous and bilateral foveal area.



→ Macular Optical Coherence Tomography (OCT): thinning and enlargement of foveal depression. Multiple micro-precipitates at external retina, beneath photoreceptor layer. Preserved Pachychoroid at both eyes.





Análise de área		OD	OS	Assimetria (%)
Razão de área	Mag	0.77	0.76	0
	Fase	1.23	1.31	7
Área (X 1000)	Mag	3.21	3.21	
	Fase	167.83	172.91	



Electroretinography: Fferg (OU): normal waveform - Magnitude Phase graphic is preserved in both eyes.

PERG-24: (RE): decreased waveform amplitude with time (LE): decreased waveform amplitude, and enlarged pattern with time

<u>Conclusion:</u> cones and bipolar cells are preserved; ganglion cell layer represents the loss of focus; Compatible with OCT.



→ Therefore, retina dystrophic diseases weren't considered; Neurodegenerative and infectious diseases were investigated **through brain image and serologies**

→ Brain Nuclear Magnetic Resonance: no alterations - unless there's a background of degenerative diseases;

→ Blood test serologies:

1-Tuberculin skin test: non reactor
 2-Syphilis VDRL / FTA-ABS: non reagent
 3- Anti-HIV 1 and 2: non reagent
 4- Herpes simplex 1 and 2: IgM/IgG non reagent
 5- Anti-HCV: non reagent
 6- Chikungunya: IgM/IgG non reagent
 7- Coxsackie A antibodies: non reagent
 8-Coxsackie B antibody: reagent - B2, B4 e B5
 9- Dengue: IgM non reagent/ IgG reagent (5,4 index)

Discussion



- → Throughout the observation of the evolution, history and exams. Case was closed as sequel of viral Acute diffuse maculopathy. Based on clinical history, serologies and bibliography the main hypothesis was: Dengue etiology.
- → Coxsackie virus was excluded due its incompatible clinical characteristics. By comparing our case and the previously reported literature.
- → Case was closed as dengue maculopathy, even though there wasn't much information about long-term follow-ups to compare. Relevant numbers of previous studies have already reported anatomical and visual sequels caused by dengue eye disease.
- → As the concern about dengue has grown internationally, it's necessary to support and promote studies about the dengue eye disease. Which has the potential to cause permanent visual impairment.

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