

CYSTOID MACULAR EDEMA AND EPIRETINAL MEMBRANE AFTER CYTOMEGALOVIRUS RETINITIS IN AN PATIENT WITH HIV: CASE REPORT



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Introduction

Present a young, immunodepressed patient, with a complaint of progressive visual loss acuity in both eyes caused by a complication after cytomegalovirus retinitis.

Methods

Case description, pictures of Retinography, Retinal angiography, and OCT for diagnosis

Results

S.V.P., male, 28 years, with a history of HIV diagnosis for six years, with irregular follow-up and non-adherence to ART (antiretroviral therapy). History of an episode of viral retinitis by CMV in both eyes about 5 years ago. He completed therapy with intravenous ganciclovir, and with the resolution of the ocular condition and subsequent immune recovery, with CD4 + T cells of 380 cells / mm³ about 3 months after ART therapy.

In the current episode, he complaint of low progressive visual acuity in BE, with a month of evolution. On complementary exams, undetectable viral load and CD4 + 580/mm³.

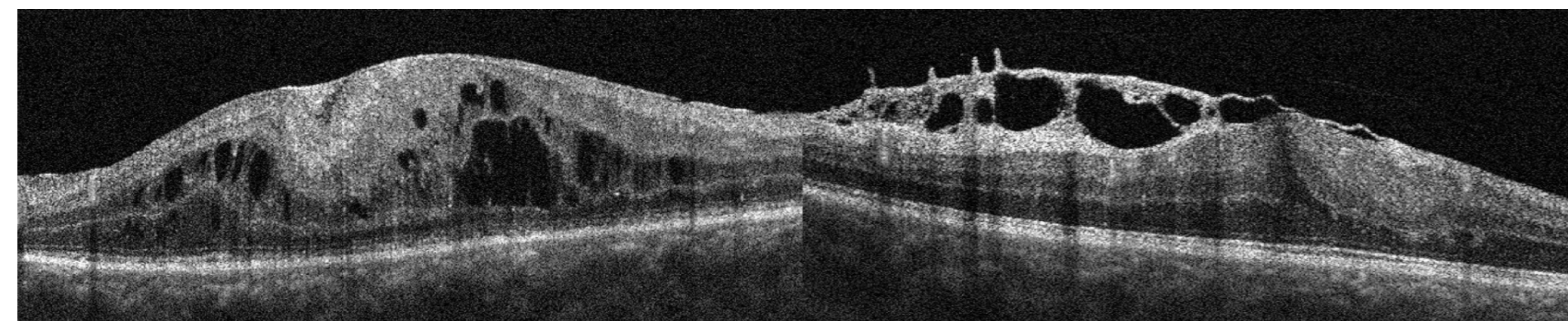
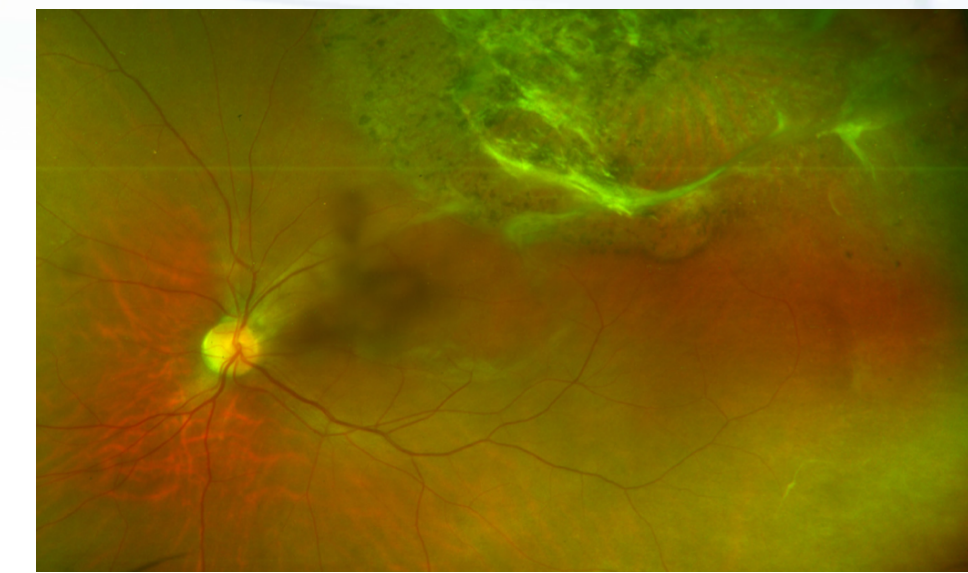
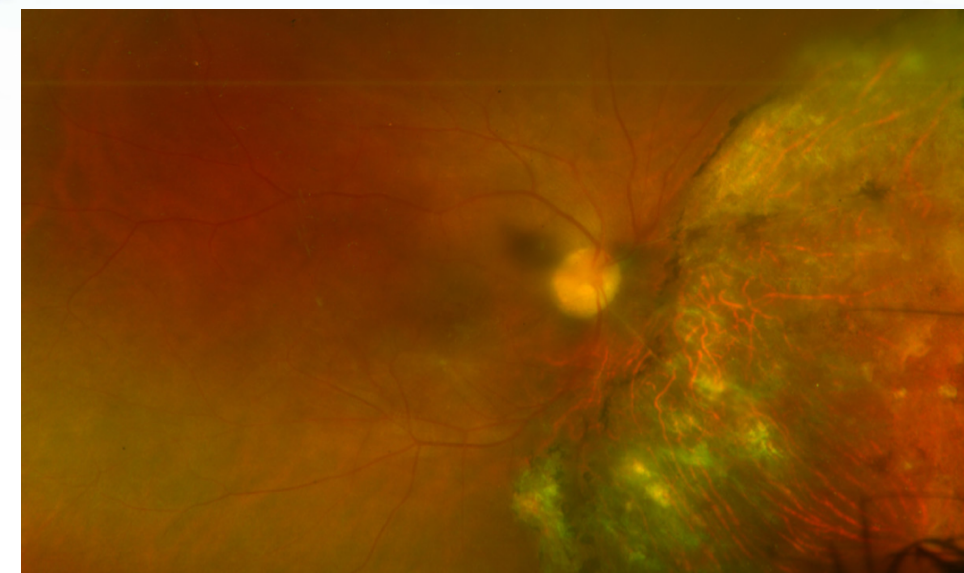
On ophthalmic examination: visual acuity with the best correction in the right eye was 20/400 and the left eye 20/80. biomicroscopy: transparent cornea, without anterior chamber reaction, without lens opacification. At fundscopy, RE: cystoid macular edema and focus of scarred and fibrous retinitis in the lower nasal region. In LE: macula with thick epiretinal membrane with distortion of the foveal profile and focus of healed and fibrous retinitis in the upper temporal region.

The patient underwent clinical treatment with topical prednisolone and ketorolac without significant improvement in vision or edema. The use of intravitreal dexamethasone and removal of the epiretinal membrane in the other eye is questioned due to the patient's comorbidity.

Discussion

Retinitis in patients with ocular CMV usually occurs in patients with advanced immunosuppression. Cystoid macular edema and epiretinal membranes are also potential complications in AIDS patients receiving ART. These findings seem to be associated with the restoration of a certain immune competence.

Treatment for these complications is a challenge for the ophthalmologist



In the widescreen retinography, we noticed the retinitis necroses in both eyes. Oct confirmed the presence of macular edema at RE and ERM at LE.

References

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Keywords

CMV, Retinitis, Macular Edema, Epiretinal Membrane