

A furious case of third nerve palsy in HIV

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ABSTRACT

A 40 year old south Asian male is presented with double vision and blurring of vision since one week. He is known case of tuberculosis, admitted and completed treatment and was detected retro positive 2 years before. Patient was not on ART. His BCVA was 6/9(p) in both eyes. Left eyelid partial ptosis is present. Pupil is mid dilated and non-reacting to light. Right eye pupil was sluggishly reacting to light. Restriction of adduction, elevation and depression in left eye was noticed. Right eye EOM was full and normal. Diplopia charting showed vertical crossed diplopia. Fundus examination revealed chorioretinal atrophic patch in left eye and right eye was normal. MRI (contrast) revealed HIV encephalopathy and inflammatory etiology to be considered as Toxoplasmosis. Neuro-ophthalmic manifestations have been estimated to occur in 2-8% of HIV infected patients. Toxoplasmosis can be a cause of third nerve palsy in HIV infected patient. Early treatment can prevent the further progression of the disease.

BIOGRAPHY

Harshini Rajula has finished her medicine studies at Sri Devaraj Urs Medical College, Sduaher, India. She is currently pursuing her residency training in Ophthalmology at RajaRajeswari Medical College & Hospital, India. She has given two free paper presentations and an E-poster at Andhra Pradesh Ophthalmic Society 2019 and Karnataka Ophthalmic Conference 2019. KERACON 2019 case report presentation has been done in December.



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