

Clinical-Medical Image

Multimodal Imaging in Ocular Toxoplasmosis Complicated By Choroidal Neovascularization

Ahmed Mahjoub*, Meryem Doukh, Marouane Amri, Fehmi Laajimi, Leila kneni and Hachemi Mahjoub

Ophthalmology Assistant, Farhat Hached University Hospital of Sousse, Tunisia

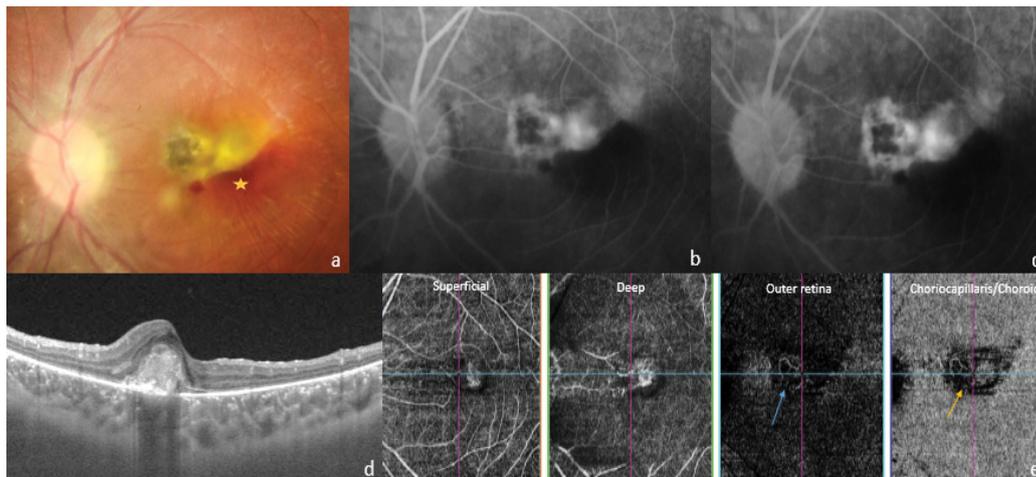


Figure 1: Multimodal imaging of toxoplasmic retinochoroiditis. color fundus photograph (a) showing an active toxoplasmic lesion arising at the inferotemporal border of retinochoroidal pigmented scar associated with macular hemorrhage (yellow star), fluorescein angiography (b, c) showing hypofluorescence of the toxoplasmic scar and a fluorescein leakage from inflammatory choroidal neovascularization (CNV), Spectral-domain optical coherence tomography (d) shows a focal intraretinal hyper-reflectivity with shadowing of the underlying choroidal tissue and disorganization of retinal layers, Optical coherence tomography angiography (e) showing a CNV (blue arrow) added to an attenuation of the retinal microvasculature of the superficial and deep retinal plexus and hypoperfusion of the choriocapillaris at the site of the active lesion (yellow arrow).

Clinical Image

A 13-year-old male presented with decreased visual acuity in the left eye. Fundus examination showed grade 1+ vitreous haze with an active yellow toxoplasmic lesion arising at the inferotemporal border of retinochoroidal scar associated with macular hemorrhage. Multimodal imaging (Figure 1) including fluorescein angiography, optical coherence tomography (OCT), and OCT angiography (OCT-A) was used to describe changes observed in ocular toxoplasmosis complicated by choroidal neovascularization. Laboratory tests revealed high serum levels of both IgM and IgG antibodies against *Toxoplasma gondii*.

Keywords: Optical coherence tomography; OCT angiography

Declaration of Interests

The authors declare that they have no competing interests.

*Corresponding author: Ahmed Mahjoub, Ophthalmology assistant, Farhat Hached University Hospital of Sousse, Tunisia, Tel: + 002163420389; E-mail: meryem.doukh@gmail.com

Citation: Mahjoub A, Doukh M, Amri M, Laajimi F, Kneni L, et al. (2021) Multimodal Imaging in Ocular Toxoplasmosis Complicated By Choroidal Neovascularization. *Int J Clin Med Imaging*. 8: 740.

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