

Images in Medicine

Cytomegaloviral retinitis

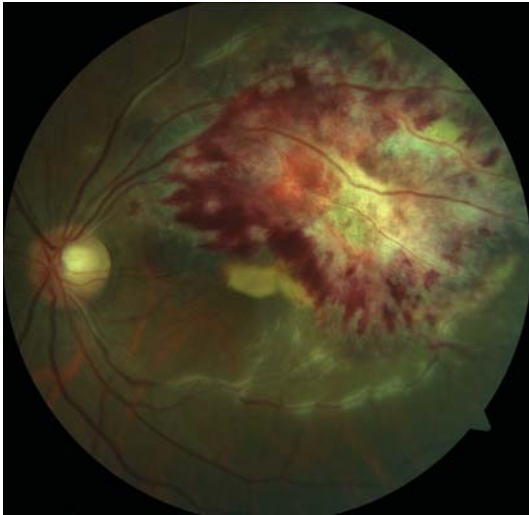


FIG 1. Patches of retinal whitening at the macula and the superotemporal vascular arcade are seen with surrounding large area of intraretinal haemorrhage. Perivascular exudates (vasculitis) are seen along inferotemporal arcade vessels. Features are suggestive of active cytomegaloviral retinitis.



FIG 2. Whitish scar tissue is seen along the superotemporal arcade suggesting healed cytomegaloviral retinitis.

A 42-year-old man with acquired immunodeficiency syndrome (AIDS) and CD4 count of $44/\mu\text{l}$ ($500\text{--}1200/\mu\text{l}$) presented with active cytomegaloviral (CMV) retinitis in the left eye. A large patch of whitish retina (retinitis) is seen with adjacent intraretinal haemorrhage along the superotemporal arcade (Fig. 1). His right eye was blind due to extensive CMV retinitis and optic atrophy. With highly active antiretroviral therapy, oral valganciclovir and repeated intravitreal ganciclovir injections in the left eye, the retinitis resolved completely leaving a retinal scar (Fig. 2). CMV retinitis remains the commonest opportunistic ocular infection in patients with AIDS. Oral valganciclovir and multiple intravitreal ganciclovir injections help in resolution of retinitis and maintenance of the visual acuity of such patients.

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