Vitreal cyst cysticercosis case report

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• 38 year old male patient, non-vegetarian, presented to us with a H/O sudden dimision of vision R/E 2 months back which was not progressive since then.

He had a past H/O

- blunt eye trauma with a wooden log 5 years back in R/E which was uneventfull
- In 2019 july ,he had a H/O right red eye, which was diagnosed as uveitis .He had taken treatment for the same in a private clinic with a visual recovery of 6/24.

ON EXAMINATION

UCVA; R/E = FC 1mt with no further improvement with pin hole L/E = 6/6

SLIT LAMP BIOMICROSCOPY corneal neovascularisation on the superior and temporal aspect of corneal margins, endothelial dusting, lens showed pigments, ac-cells (+1), vitreous cells present.

PUPILS; R/E is non-reactive, fixed and mid dialated

L/E is reactive to light (both direct and consentual reflex is present)

GONIOSCOPY; R/E; angle structures are all visible 360 degrees (open angle) with angle recession inferiorly.

Sampaolesi line is seen in the inferior and nasal angle

L/E; no significant findings seen

FUNDAL GLOW; on distant direct ophthalmoscopy white glow is seen







INDIRECT OPTHALMOSCOPIC EXAMINATION (DILATED PUPIL); R/E-fibrous bands ,funnel retinal detachment, vitreal cyst are seen, L/E- normal study

B-SCAN; R/E – vitreous echo's present with funnel retinal detachment and a vitreal cystic mass (5mm) with a scolex at the centre.

L/E – normal study

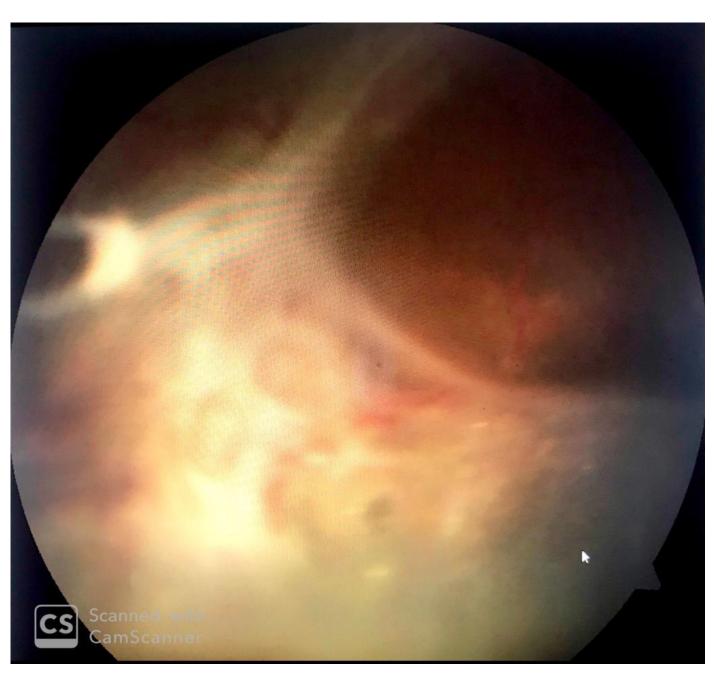
MRI brain and orbit: Right ocular cysticercosis with posterior vitreous detachment and retinal detachment (on co-relation with b-scan)

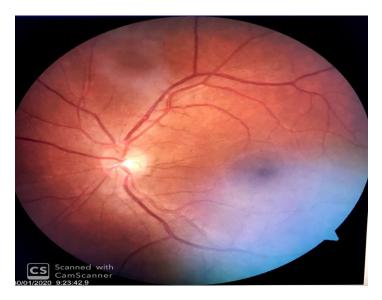
- The patient was started on T.ALBENDAZOLE (400 mg) three times a day and T.PREDNISOLONE (60 mg) once after breakfast; for one week
- On follow up after a week ,B-scan was repeated ,which recorded a similar cystic mass with no change in its size.
- Pars plana vitrectomy with cyst removal and retinal detachment surgery with silicon oil was done

He was put on the same medication for another 2 months .

Follow up after 1 week UCVA R/E - HMCTF

R/E L/E









R/E B Scan

