

A case of bilateral Chikungunya neuroretinitis

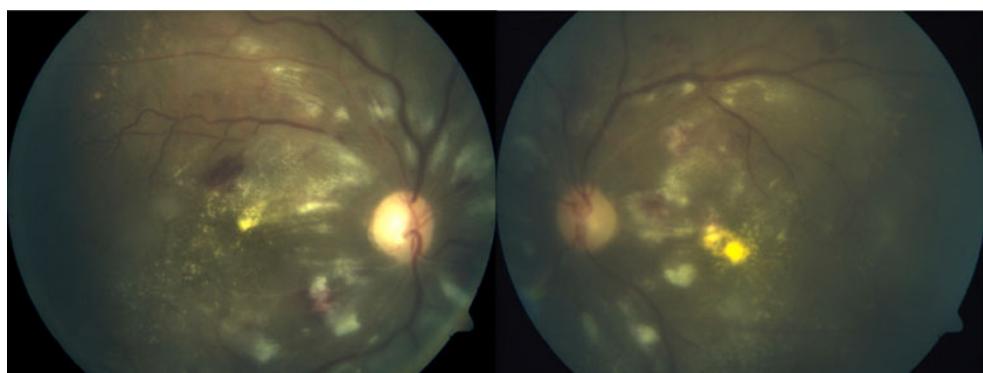
Akshay Gopinathan Nair · Jyotirmay Biswas ·
Muna P. Bhende

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A 65-year old Asian–Indian presented with a month-old history of sudden, painless diminution of vision in both eyes (OD—20/200, OS—20/400). A nondiabetic, he had no history of hypertension or tuberculosis. He gave a history of fever and malaise associated with joint pain 1 week prior to onset of ocular symptoms. Left eye showed 2+ cells in the anterior chamber, while the right eye was quiet. No afferent pupillary defect was noted. Dilated fundus examination revealed neuroretinitis, cotton wool spots, hemorrhages, and

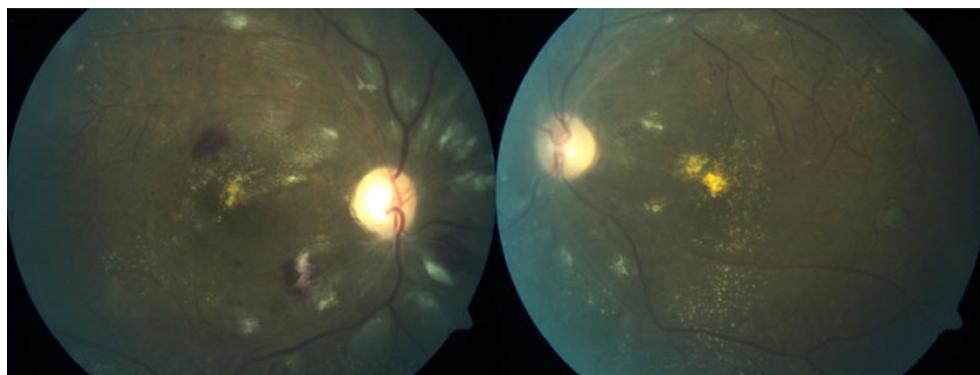
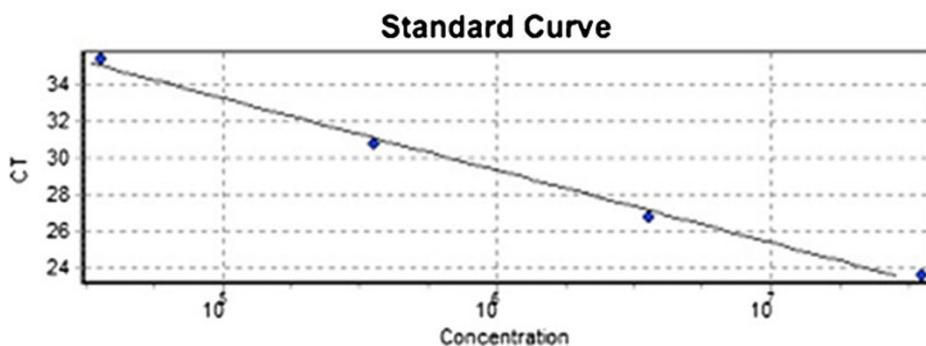
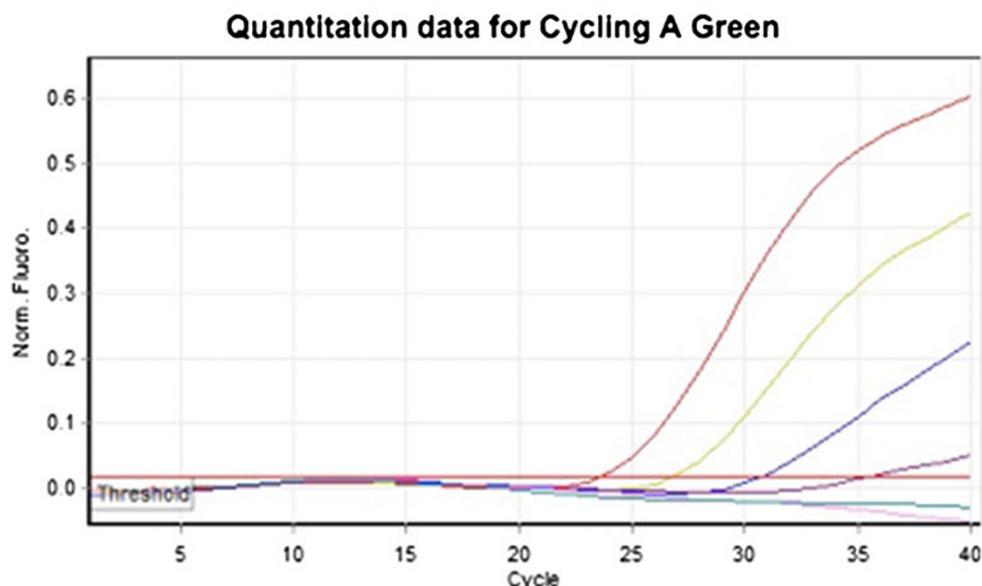
a grade 2 vitreous haze in both eyes (a). Investigations for antinuclear antibodies, C-reactive protein, HIV, hepatitis B and C, Widal, Mantoux and QuantiFERON TB Gold were negative. The total leukocyte count and ESR were raised. Serum angiotensin-converting enzyme levels as well as platelet count were within normal limits. Reverse transcription polymerase chain reaction assay for Chikungunya performed on the patient's serum revealed 358 copies of RNA/ μ l (b). A diagnosis of Chikungunya neuroretinitis was made, and the patient was treated with oral steroids and oral acyclovir 800 mg five times a day for 3 weeks, after which partial resolution was noted (c).



A. G. Nair (✉) · J. Biswas · M. P. Bhende
Sankara Nethralaya, A Unit of Medical Research Foundation,
18 College Road, Nungambakkam,
Chennai 600 006 Tamil Nadu, India
e-mail: akshaygn@gmail.com

J. Biswas
e-mail: drjb@snmail.org

M. P. Bhende
e-mail: drmpb@snmail.org



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