A CASE OF TOXOPLASMOTIC CHORIORETINITIS CURED WITH ATEPE (ATEBRIN + PLASMOCHIN)*

BY

HENRIK SJÖGREN

Jönköping, Sweden

FOR the past ten years the diseases caused by toxoplasma have attracted an ever increasing interest, particularly among pediatricians, neurologists, and ophthalmologists. The symptoms caused by the parasite are well known, but it has not yet been possible to find any effective remedy. In this Journal Ridley (1949) gave a perspicuous description of toxoplasmotic chorioretinitis; other useful articles are those of Krause and Smith (1946), Bamatter (1947), and Binkhorst (1948). Regarding therapy, Ridley says:

There is clearly no prospect of improving a retina already destroyed, but the child may be treated in the active stage of the disease and the mother during or before other pregnancies. So far chemotherapy has proved disappointing. Penicillin is ineffective, but sulphonamides though inactive *in vitro* seem to be effective *in vivo*. One cure has been claimed by the administration of sulphonamides and emetine. It is hoped that other drugs, especially organic preparations of arsenic and antimony, which are effective against other protozoal and Leishmanian infections, may prove successful, since the organism is rather highly differentiated.

The following case is interesting in that it reacted extraordinarily rapidly to atepe (atebrin + plasmochin).

Case Report

The patient, a 23-year-old woman, has always had grossly defective sight in the left eye, which has squinted outwards from birth. Between 1942 and 1945 she had three slight epileptic attacks. She consulted an eye-specialist in November, 1948, and "maculacolobom" and strabismus were noticed in the left eye. Some small pigment spots appeared close to the macula in the right eye; otherwise there was nothing remarkable. At that time her visual acuity was:

Left eye, hand movements

Right eye, 1 (+0.5 × 90°)

She consulted the specialist again on January 14, 1949, and then declared that she had recently had a slight "cold" with fever. About a week later she began to see indistinctly with the previously healthy right eye.

Ophthalmological Examination.—Numerous fine opacities of the vitreous body were discovered. Directly under the papilla, at a distance of a good papilla diameter, there was observed active greyish-white chorioretinitis, somewhat larger than a papilla and more massive than is usually to be seen in retinochoroiditis.

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The inflammatory focus protruded some dioptres into the vitreous body. Other small foci could be observed in the vicinity. Close to the papilla and the macula there were some small spots of pigment. The papilla and other parts of the eye were normal. The visual acuity of the right eye was 0, 6-0, 7 (+0, 5 × 90°).

Medical Examination.—The patient's general state of health was good.

Sedimentation rate 6 mm.;

Mantoux test 1 mg. negative;

Meinicke test negative;

Toxoplasmotic neutralization test of blood-serum, positive.

X-Ray Examination.—This gave normal results for the thorax and nasal sinuses, but the following report was made on the cranium:

On the general picture of the cranium there appear some small calcified granules at the hindmost part of the left parietal region, evidently superficial. No other calcifications are identifiable.

To sum up, the findings were:

(1) Congenital "macular coloboma" in one eye.

(2) Temporary epileptiform attacks. Very small calcifications on one side of the cerebral cortex.

(3) Re-activation of a congenital toxoplasmotic infection, with fresh chorioretinitis on the previously healthy right eye, and positive blood-serum toxoplasmotic neutralization test.

Therapy

After the patient had been subjected to the usual treatment for choroiditis for one month—during which certain progress of the disease could be observed—atepe treatment (1 tablet three times daily) was begun on February 12. On February 16 the chorioretinitis had subsided, to be replaced by a choroidal atrophy; traces of oedema were left at the edge of the focus and these disappeared after a few more days. The patient had then had altogether fifteen tablets. Since that time she has remained healthy, and up to the last examination (May 25, 1950) there has been no recurrence.

Summary

A case of chorioretinitis, caused by toxoplasma, was completely cured after five days' treatment with atepe (atebrin + plasmochin).

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