CASE NOTES

CONGENITAL TOXOPLASMOSIS

BY

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The special interest of this case lies in the fact that from the age of 10 months this child has been considered to be a congenital syphilitic, and from 1939–1947 both she and her mother have had repeated and intensive courses of bismuth and iodides. In view of the knowledge available at that time the misdiagnosis appears to be excusable, but more modern knowledge and newer pathological techniques render it beyond doubt that the diagnosis should be congenital toxoplasmosis and neither the child nor her mother ever had syphilis. The dual pathology of syphilis and toxoplasmosis was at one time considered, but in view of the negative treponemal immobilization test syphilis can be definitely excluded.

Case Report

A girl aged 13 was first seen at the School Eye Clinic on October 18, 1952, complaining of blurring of vision in the left eye for one month. This followed a Jacksonian type of fit which had lasted about 10 minutes, and was the only fit she had had. The right eye had never had any useful vision but she had managed to carry on at a normal school with partial vision in the left eye. The vision in the left eye was now suddenly and seriously reduced since the convulsion.

History.—Since the age of 10 months she had been treated for a right convergent strabismus. At that age she was found to have large patches of choroido-retinitis centrally in the right eye and a small macular patch in the left eye. The School Medical Department notes record her vision from 1945–51 as being consistently:

Right eye, counting fingers; left eye, 6/24.

Wassermann reactions but no Kahn tests had been done on mother and child about...
every 6 months from 1940–1947. Three doubtful positive results had been obtained from the child and two from her mother. On this rather doubtful serology the anti-syphilitic treatment was commenced. Apart from the eye condition she showed no stigmata of congenital syphilis.

Examination.—Right eye slightly divergent, fixation eccentric and visual acuity 1/60. The fundus showed widespread old choroido-retinitis involving the macular region (Fig. 1). Visual acuity in the left eye was 1/60 and masses of creamy keratic precipitates and a hazy vitreous prevented any view of the fundus.

She was admitted to the West Suffolk Hospital for investigation and treatment.

Family History.—The patient's three brothers (aged 15, 6, 4) were all well with normal visual acuity, no squint, and normal skull x-rays. The fundi of Alan and Geoffrey were normal. Kenneth showed in his left fundus some patches of black pigment above and below the macular region. These are shaped like the imprints of an animal's foot and are very probably of congenital origin with no relation to toxoplasmosis.

The patient's mother, aged 39, had a negative Wassermann reaction. Toxoplasmosis tests gave these results: dye test positive 1/32, C.F.T. positive 1/2; Visual acuity, fundi, x-rays of skull and chest were all normal.

She had had four normal deliveries and one miscarriage at 7 weeks. She had arsenic and bismuth before the birth of the third child.

Previous illnesses included measles in childhood and a mild attack of rheumatic fever 4 years ago. The family has always kept horses and dogs.

The patient's father was alive and well. Wassermann reaction negative.

Laboratory Investigations

Blood Wassermann Reaction, and Kahn Test—Negative.
X ray of Skull—Numerous calcified opacities scattered over the brain—suggestive of toxoplasmosis (Figs 2 and 3).

Full medical examination failed to find any stigmata of congenital syphilis. There were no physical signs in the central nervous system. A small degree of microcephaly.

Figs 2 and 3.—X-ray appearances of skull.
was noted (head circumference 19½").

Later Developments (May 1, 1953).

Right eye—unchanged (as Fig. 1).

Left eye—visual acuity 6/60 with eccentric fixation. Not improved with a lens. White eye, no keratic precipitates. Vitreous fairly clear but some large floaters present. Choroiditis now old and quiescent, large patch in macular region and more diffuse patches in upper medial quadrant of fundus.

Conclusions

The clinical picture is typical of a congenital toxoplasmosis, and while the dye tests for toxoplasmosis in both the mother and child are within "normal" limits they are consistent with a clinical diagnosis of old infections. The positive complement-fixation test in the mother may indicate that the infection is still active in her case. In view of these findings the positive Wasserman reactions obtained during 1941–47 are now thought to be of no significance.

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