Treatment.—Systemic prednisolone 40 mg. daily in divided doses and spiramycin 500 mg. 6-hourly were started. After a further month there was but slight clearing of the vitreous. The systemic steroids were gradually reduced and at the end of another month the visual acuity had improved to 6/18.

It was now possible to see that the peripheral lesion was not the site of the main haze and that there was no pigmentation in its vicinity, but that it was a definitely raised, oval-shaped, white mass about 2 × 1 disc diameters in size. The diagnosis was therefore changed to toxocariasis retinae and in view of the slight effect of the previous treatment, the systemic prednisolone and spiramycin were discontinued.

One month later the picture was unchanged. The full blood count now showed 14 per cent. monocytes and 6 per cent. eosinophils in a count of 7,300 WBC/c.mm. The anti-A titre was within normal limits, however.

Further Treatment.—As a last resort, it was decided to try subconjunctival injections of depôt corticosteroids and 50 mg. depomedrone were given initially. One month later there had been a dramatic clearance of the vitreous haze and the visual acuity had improved to 6/9. The injections were repeated at monthly intervals and the vitreous continued to clear steadily until after six injections the visual acuity was 6/6 and the vitreous clear except for a slight hazy patch at the nasal equator.

Result.—The patient has now been followed up for a further 4 months, and the visual acuity is 6/5 partly. There is still a slight patch of vitreous haze at the nasal equator, but this is diminishing. The white lesion at 6 o'clock has diminished in size to about one disc diameter, and is not pigmented.

Discussion

No reference has been found in the literature to the use of subconjunctival injections of depot corticosteroids in the treatment of toxocaral endophthalmitis. Ashton (1960) stressed that the only certain method of diagnosis in toxocariasis is by histological identification of the nematode, but the clinical picture in the case described makes a diagnosis of toxocara the most probably correct one, and the excellent and unexpected response to the treatment described would seem to justify its futher trial in similar cases.

Summary

A case of chronic toxocaral endophthalmitis, diagnosed on clinical grounds, was successfully treated by subconjunctival injections of depot corticosteroids repeated at monthly intervals for 6 months.

I should like to thank Mr. I. M. Duguid for his helpful comments on this case.

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ADDENDUM

After this article had been printed, the patient attended for a further 3 months. There was a moderate attack of right panuveitis in this period, which settled with a further subconjunctival injection of depomedrone. She failed to keep any further appointments. When last seen the visual acuity in the affected eye was 6/5.