

Correspondence

Filariasis

To the Editorial Committee of the British Journal of Ophthalmology

SIRS,—I read with interest the article 'Impacted microfilaria in the Lens Capsule' by Tham and Hall (1971), in which it was pointed out that the instillation of 1 per cent. atropine drops into the eye resulted in the death of the microfilaria. This observation is in contrast to my own experience of a case of iridocyclitis with haemorrhagic pars planitis due to endemic *Microfilaria bancrofti*.

The instillation of atropine is usual in such cases to dilate the pupil and to prevent the formation of posterior synechiae, and the microfilaria impacted in the lens capsule or swimming in the anterior chamber survive despite this instillation. This view is shared by other workers (Wright, 1934; Tawara, 1936; McMullen, 1937).

Another interesting finding is the irritability of the organism when the light falls upon it during slit-lamp examination.

Although filariasis is common in tropical countries, the appearance of intraocular adult microfilariae is rare. In a personal case of ocular involvement the iridocyclitis developed only after blunt trauma to the eye. It seems likely that the trauma caused hyperaemia and increased the permeability of the vasculature of the uveal tract so that the microfilaria entered the anterior chamber.

The ocular inflammation which follows from filarial infection may be due to the presence of microfilaria in the anterior chamber or to toxic agents released on the death of the organism. The inflammation caused by the presence of the organism is not usually very severe and is nongranulomatous. The pupil dilates easily with mydriatics, and the inflammation can be controlled by topical steroid therapy with full recovery of vision.

The haemorrhagic inflammation of the pars plana was a comparatively severe reaction following the death of the microfilaria. After initial improvement, there was a sudden deterioration in the visual acuity without much evidence of anterior uveitis. Ophthalmoscopy revealed a massive exudation in the vitreous, but the disc and posterior pole of the globe were seen to be normal. Examination with the three-mirror Goldmann contact lens showed areas of inflammation with exudates and haemorrhages in the pars plana. A haemorrhagic reaction to microfilariae in the retinal tissue has also been reported by Nayar and Pillai (1932) and Wright (1934).

This finding suggests that all cases of microfilarial infestation of the eye should be thoroughly investigated for evidence of inflammation of the pars plana.

Yours faithfully,
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References

- NAYAR, K. K., and PILLAI, A. K. (1932) *Brit. J. Ophthalmol.*, **16**, 549
MCMULLEN, W. H. (1937) *Proc. roy. Soc. Med.*, **31**, 128
TAWARA, M. (1936) *Acta Soc. ophthalm. jap.*, **40**, 518
THAM, M. H., and HALL, I. B. (1971) *Brit. J. Ophthalmol.*, **55**, 484
WRIGHT, R. E. (1934) *Ibid.*, **18**, 646