



# TWOP News

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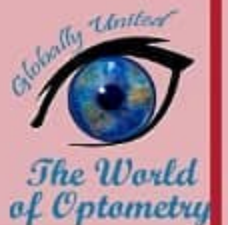


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**OCULAR FINDINGS**

**IN AIDS**



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# Introduction

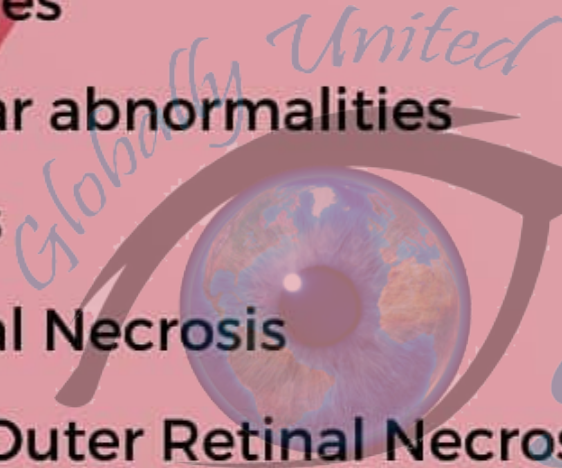
Acquired immunodeficiency syndrome (AIDS) is caused by the Human Immunodeficiency virus (HIV). Around **40 million people** are suffering from AIDS. Each year **5 million new cases** are added and **3 million deaths** occur. It affects the **CD 4 cells** and **decreases the immunity** of the patient making him vulnerable to various infections.



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# Common Ocular Findings in AIDS

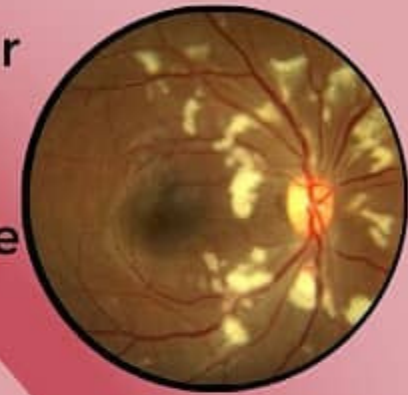
1. Cotton wool spots
2. Non-infectious vasculopathy
3. Haemorrhages
4. Microvascular abnormalities
5. CMV retinitis
6. Acute Retinal Necrosis
7. Progressive Outer Retinal Necrosis
8. Toxoplasmosis
9. Fungal Infection
10. Conjunctival Kaposi's sarcoma
11. Herpes Zoster Ophthalmicus
12. Retinal toxoplasmosis
13. Cryptococcal choroiditis
14. Candida vitritis and retinitis



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### 1. Cotton Wool Spots:

- Seen in up to 50% of patients with AIDS, They occur due to infarction of retinal nerve fibre layer.
- They disappear between 6-12 weeks. They are generally seen at posterior pole near the optic disc.



### 2. Non-infectious Vasculopathy:

- It includes presence of cotton wool spots, retinal haemorrhages and microaneurysms that remain stationary and do not cause visual symptoms.



### 3. Haemorrhages:

- Generally, flame shaped haemorrhages are present. But dot haemorrhages and punctate inner retinal haemorrhages have also been reported.



### 4. Microvascular abnormalities:

- These include microaneurysms, telangiectasias and capillary non-perfusion.



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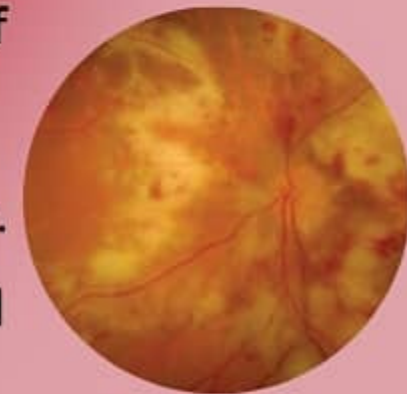
### 5. CMV Retinitis:

- The peripheral indolent form consisting of granular whitish areas is seen more commonly.
- Also, there appears to be multiple such non-contiguous areas. The posterior brush fire pattern consisting of flame shaped haemorrhages is a less common presentation.
- Anterior uveitis is very rare and if present, these patients tend to have keratic precipitates. Manifestation of CMV retinitis tend to occur more commonly when CD 4 count is  $<50$  cells/microlitre.



### 6. Acute Retinal Necrosis (ARN):

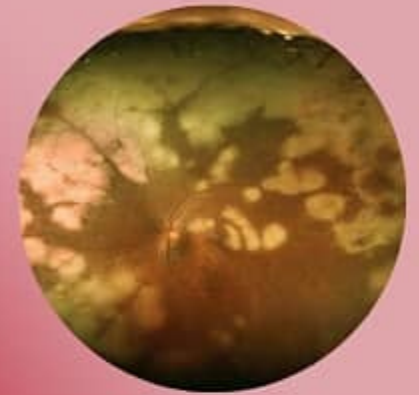
- HSV and HZV are implicated. Can be seen even when CD 4 count is  $>50$  cells/microliter Characterised by presence of panuveitis.
- There is anterior uveitis, vitritis,retinitis involving all the layers. As the retinitis involves all the layers, the incidence of retinal breaks and retinal detachment is high.
- However, since the areas of retinitis first start near vascular arcade, vision is maintained initially.



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### 6. Progressive outer retinal necrosis (PORN):

- VZV is implicated. Can be seen when CD4 count is  $<50$  cells/microliter Characterised by presence of rapidly progressive retinitis, involving the outer layer. As the macular area is involved initially, vision loss occurs early.



### 7. Toxoplasmosis:

- In patients with AIDS, toxoplasmosis has a slightly different presentation It tends to be multifocal Areas of retinitis are more extensive They occur in absence of previous chorioretinal scar They frequently recur when medical therapy is terminated, so maintenance therapy is required for a longer time.



### 8. Fungal Infections:

- Cryptococcal chorioretinitis and endophthalmitis can occur. Ocular candidiasis, histoplasmosis and aspergillosis are relatively rare.



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Wow, what a cool content



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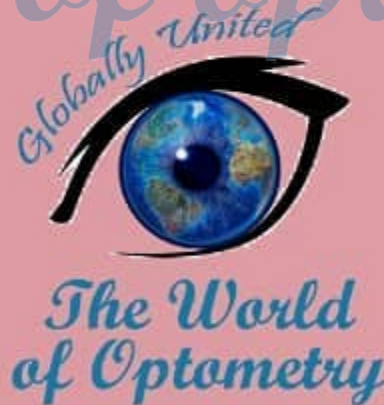


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