

NOTE ON A PROBABLE CASE OF TOXOCARA CHOROIDITIS

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In the Watson Smith lecture delivered at the Royal College of Physicians of London on the 12th January 1970, published in the British Medical Journal (Woodruff, 1970) Professor A. W. Woodruff of the London School of Hygiene and Tropical Medicine, Physician to the London Hospital for Tropical Diseases, has written a very full account of Toxocariasis, a newly understood disease, due to infestation with the larva of the nemathelminths *Toxocara canis* and *Toxocara cati*. Reading of the original paper is absolutely essential for an appreciation of the origin and effects of the illness. Our attention was first drawn to the disease (apart from our having read about it in the lay press) by Dr. R. A. Wiseman of the London School of Hygiene when he, on a study tour, visited Malta in 1967. The main effects depend on the fact that the second stage larvae wander widely in the tissues and reach many organs, including the brain. When they die and disintegrate they give rise to granulomatous foci. The infestation has been associated with asthma or pneumonitis, hepatomegaly, epilepsy and, perhaps most important of all, with choroidoretinitis. The larva apparently enters the eye by the retinal artery, lesions developing near the macular region.

Toxocara is a parasite which infests bitches in whom the second stage larvae pass into the uterus and thence infect puppies antenatally. In puppies it passes via the lungs and stomach to the intestines where it becomes adult and produces eggs which are secreted in the faeces. Puppies can therefore reinfect their own mothers but also mice and men, especially

children who are so apt to fondle the animals. Dr. Wiseman examined 52 dogs in Malta and found some 14 of them infected, the percentage figure being given as 28.8 (Woodruff, 1970). Dogs are very common and very popular pets in Malta and, with the somewhat haphazard way in which they are kept, it appears they can constitute a real danger to which we draw attention. Cats also can be a source of danger.

Case Report

A man of 22, from Rabat, was first seen in January this year. He complained of "foggy" vision in the left eye. His visual acuity showed R.E. -2.0 Ds 6/9. L.E. Light projection good. The fundi examined under full pupillary dilatation showed an opaque vitreous body. There was no history of trauma. Full physical examination gave negative findings. There was no eosinophilia.

A diagnosis of acute choroiditis was made. However there was no response to treatment with antibiotics and there followed a gradual deterioration. Vision in the left eye has gone down to light perception. Examination of the eye shows a fully dilated pupil with numerous posterior capsular changes. The eye is gradually becoming soft.

The intradermal injection of 0.1 ml toxocaral skin test antigen gave a raised lesion (with very little redness), which in 20 minutes increased from 6mm to 10mm in diameter with a hardness which persisted for at least an hour. The toxocaral fluorescent antibody test was positive. In the patient's home there have been no dogs

since 14 years, but cats have always been kept.

Acknowledgement

We gratefully thank Professor A. W. Woodruff for providing the skin test anti-

gen and for carrying out the fluorescent antibody test.

Reference

WOODRUFF, A.W. (1970), *Brit. Med. J.*, 3, 665.