

Ophthalmic Images

Retinopathy Associated With Coxsackie B Virus Infection

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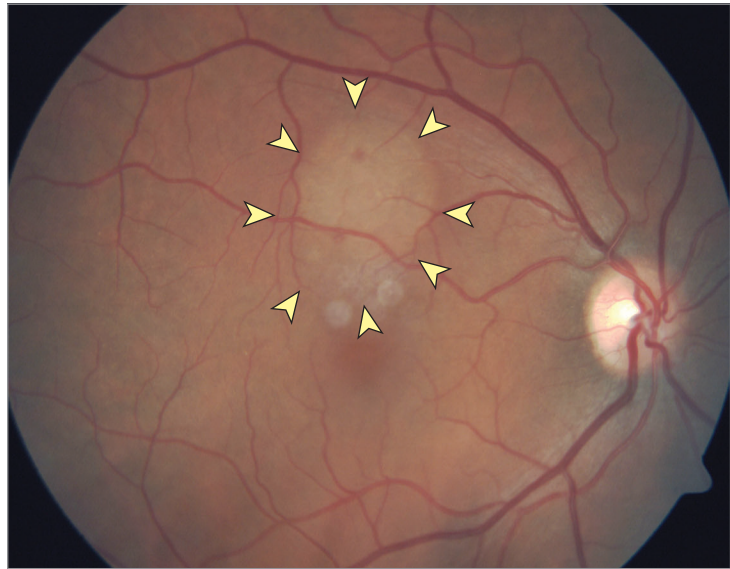
A Palmar rash**B** Retinal placoid lesion on fundus examination

Figure. Palmar rash (A) and retinal placoid lesion (B) in the right eye of a patient recently diagnosed with adult-onset hand, foot, and mouth disease who reported several days of a paracentral scotoma. Coxsackievirus B2 antibody titers returned positive.

A 41-year-old male patient presented with a paracentral scotoma in the right eye, persistent after onset of an erythematous, blistering rash involving the hands (Figure, A), feet, and mouth 4 days prior. No other ocular or systemic symptoms were reported. Uncorrected visual acuity was 20/20 OU. Fundus photography revealed scattered intraretinal hemorrhages within a placoid lesion in the superior macula without serous detachment (Figure, B, arrowheads). Coxsackievirus B2 antibody titers returned

positive. These clinical and serologic findings are consistent with coxsackie retinopathy, a rare complication of adult-onset hand, foot, and mouth disease. This entity must be included in the differential for subacute vision loss in patients with relevant exposure and symptomatic history. Although generally self-limited, coxsackie retinopathy has been associated with comorbidities including orchitis and epididymitis.^{1,2} One week after presentation, the patient was diagnosed with orchitis by testicular ultrasonography. Within 8 weeks, the scotoma and retinal lesion had resolved.

ARTICLE INFORMATION

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