Ophthalmic Images

Live Larva in Ocular Toxocariasis

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A Ultra-widefield color fundus photography with consecutive 4-mo interval images

B Optical coherence tomography

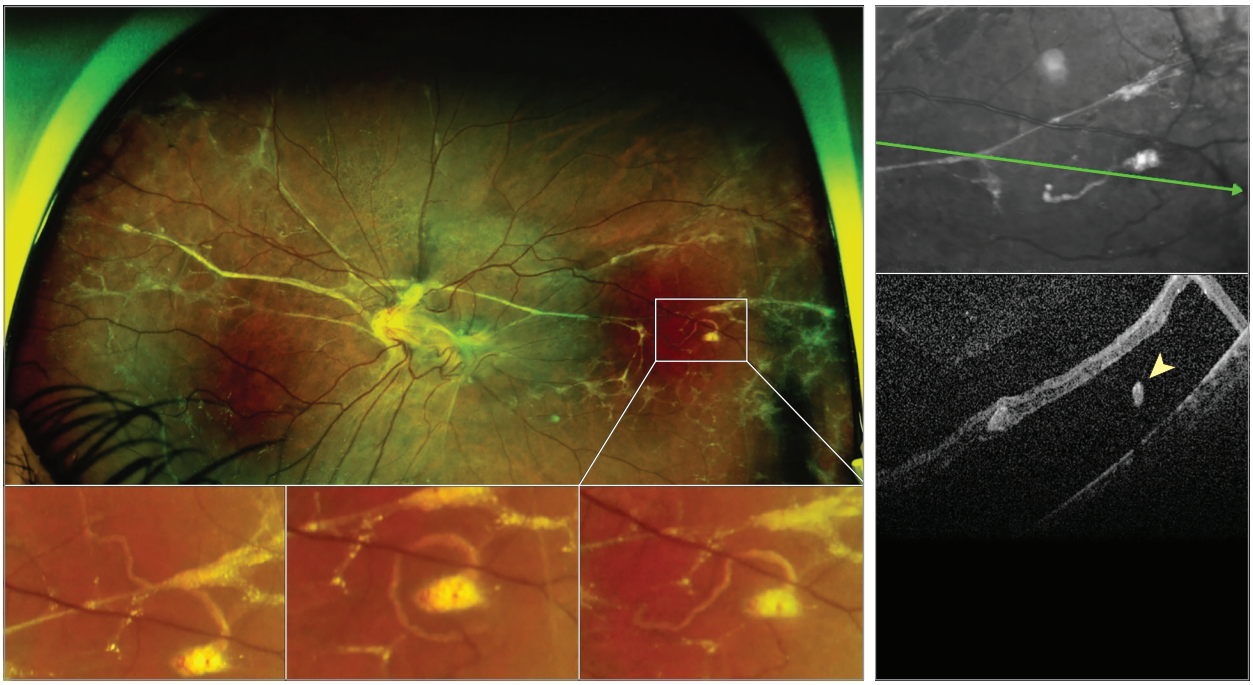

Figure. Live larva in ocular toxocariasis. A, Ultra-widefield color fundus photograph with amplification cuts of consecutive 4-month interval photographs (bottom) demonstrating a coiling/uncoiling image compatible with a live nematode. B, Optical coherence tomography showing a hyperreflective image (arrowhead; transversal cut) in the subretinal space.

A 23-year-old man presented for follow-up of ocular toxocariasis (OT), diagnosed 5 years prior during an evaluation for vitritis and chorioretinal granuloma. Diagnosis was confirmed through serum and aqueous humor *Toxocara canis* antibodies, and treatment with albendazole and oral steroids was instituted. Treatment resulted in inflammation improvement; however, macular scarring led to permanent vision loss. Ultra-widefield color fundus photographs taken at consecutive 4-month intervals revealed a linear image (**Figure**, A) compatible with a live larva. This was corroborated by optical coherence tomography as a hyperreflective element in the subretinal space of the detached retina (Figure, B). Diagnosis of OT is generally presumptive, with larva demonstration occurring only in rare cases.[1,2] Treatment remains controversial; options include albendazole with adjunctive photocoagulation (impossible in this case due to detached retina) or vitrectomy.[3,4] Considering the stable cicatricial findings and the poor visual prognosis, it was decided to withhold any course of treatment and closely monitor the patient for recurrence.

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ARTICLE INFORMATION

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Conflict of Interest Disclosures: None reported.

Additional Contributions: We thank the patient for granting permission to publish this information.

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