A31-year-oldwoman presented for evaluation of bilateral blurry vision over the past month. She experienced fulminant hepatic failure 3 months ago and underwent a liver transplant 2 weeks later. Postoperative pathological results showed hepatolenticular degeneration. Routine prophylactic antiherpes virus therapy had been applied for 2 weeks. Immunosuppressants, including tacrolimus and mycophenolate sodium, were applied for subsequent maintenance therapy. She noticed the onset of decreased vision in both eyes about 2 months after the liver transplant. Diagnosed with ocular herpes virus infection, she was given systemic valaciclovir and ocular laser retinopexy around areas of necrosis. Her vision was not improved and twice intravitreous injection of ganciclovir was added. However, vision was decreasing continuously.

At her presentation to our clinic, the best-corrected visual acuity was finger count in the right eye and 20/125 in the left eye. On slitlamp examination of both eyes, 1+ aqueous cells and 1+ flare were presented in the anterior chamber, while the dilated fundus examination showed mild inflammation in the vitreous. Extensive patches of yellowish necrotic lesions were seen at the peripheral retina of the right eye and 1triangular necrotic lesion in the posterior pole (Figure 1A). A large annular necrosis was found in the peripheral retina of the left eye (Figure 1B).

WHAT WOULD YOU DO NEXT?

A. Find new microbial pathogens by intraocular fluid analysis to clarify the diagnosis

B. Increase the dose of ganciclovir for antiherpes virus

C. Add systemic steroids for the treatment of inflammation

D. Stop all immunosuppressants