

Presumed ocular angiostrongyloidosis: controversy: "surgical removal versus thermal laser photocoagulation"

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Advantages:

This presentation illustrates the subsequent encounters stimulating the worm (Presumed Ocular Angiostrongyloidosis) with fundal fluorescein angiography culminating in the need to destroy the invader with thermal laser photocoagulation rather than surgical removal. This is the controversy! Pretreatment and follow-up with fluorescein-indocyanine green angiography to delineate the extensive subretinal-choroidal destruction by the 'invader' is presented. These angiographic findings appear to be original in the current review of the literature.

Methods:

A 41-year-old Malay lady presented with complaints of deteriorating vision over the right eye associated with floaters-like symptoms over the preceding month. She has no medical history but resides in a remote village, married with two children and loves to eat 'raw vegetables' locally in Malaysia referred to as 'ulam'. Vision on presentation was 6/60 OD with no activity in the anterior segment and vitreous. Dilated fundal examination revealed circumferential far periphery areas of light chorioretinal pigmentary disturbance from 4-6 clock hours. A relatively long coiled subretinal worm was located in the infero-nasal quadrant two disc diameters from the optic disc. Light stimulus on examination indicated irritability of the worm triggering 'pattern coiling'. Fundus colour photography was taken and the case discussed with a microbiologist at the local university. A 'Presumed Ocular Angiostrongyloidosis' subretinal infestation of the right eye based on morphological characteristics and geographic setting was inferred, the left eye being free of intrusion.

Effectiveness / Safety:

Non-interventional thermal laser photocoagulation outweighs the risks and benefits of surgical intervention with pars plana vitrectomy with subretinal surgical removal of worm in a limited vitreo-retinal setting. Cost-effective!

Take home message:

Not all subretinal worms need to be surgically removed.