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Sir,
**Intravitreal ganciclovir injections in aqueous
cytomegalovirus DNA positive hypertensive iritis**

Teoh *et al*¹ suggested that Posner–Schlossman Syndrome (PSS) may represent a spectrum of anterior chamber inflammatory responses to local viral reactivation of members of herpesviridae family such as CMV and HSV. We would like to share a similar case of CMV associated hypertensive iritis treated with intravitreal ganciclovir.

A 42-year-old Chinese man initially presented with a 3-day history of right eye redness and pain. Best-corrected visual acuity was 6/9 and intraocular pressure was 45 mmHg. Right eye slit-lamp examination showed mild corneal oedema, medium-sized stellate keratic precipitate, and mild anterior chamber reaction. Gonioscopy showed open angle. No glaucomatous optic disc changes were present and Humphrey visual fields were normal. The rest of the ocular examinations of both eyes were normal. On direct questioning, patient admitted having two mild episodes of visual blurring, discomfort, and redness in his right eye, each lasting 1–2 days, over the past 2 years. A tentative diagnosis of PSS was made. Topical corticosteroids and timolol were prescribed for ocular hypertension and inflammation. The right eye returned to normal after 2 weeks.

After 1 year, he presented with a recurrence. The right intraocular pressure was again high at 50 mmHg. The condition was again controlled with topical steroids and timolol.

A relapse recurred 2 months later when the frequency of topical steroid was reduced. To exclude an infective cause, the aqueous was aspirated for polymerase chain reaction (PCR) analysis. The right aqueous had CMV DNA measured at 7.16×10^3 copies per ml. The left aqueous was negative for CMV. HIV test on the patient was negative. His CD4 and CD8 counts were normal. The serum IgG but not the IgM to CMV was positive, the serum CMV antigen was negative. He was recommended to take ganciclovir but was unhappy with the diagnosis

and the expenses involved. He subsequently agreed to try an intravitreal injection of ganciclovir. Right eye aqueous was retested 2 weeks later and the CMV DNA count had been reduced to 1.3×10^3 copies per ml. The patient had a quiet anterior chamber and intraocular pressures were within normal range. We think our case adds to the evidence of herpesviridae viruses playing a significant role in the etiology of PSS. We look forward to further interesting reports on this subject.

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Reference

- 1 Teoh SB, Thean L, Koay E. Cytomegalovirus in aetiology of Posner–Schlossman syndrome: evidence from quantitative polymerase chain reaction. *Eye* 2004, 29 October [E-pub ahead of print].

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Sir,
**Intravitreal triamcinolone acetonide as an adjunct
in the treatment of severe ocular toxoplasmosis**

Toxoplasmosis lesions in the posterior pole are generally treated with anti-Toxoplasma drugs in association with high-dose oral corticosteroids.¹ Our standard therapeutic regimen consists of a 6-week course of pyrimethamine, sulphadiazine, folinic acid, and oral prednisone, along with topical drops. However, there are situations in which systemic corticosteroids are contraindicated. Herein we report two such cases, treated with anti-Toxoplasma drugs and an intravitreal triamcinolone acetonide (IVTA) injection.