**Sir,
Live *Brugia malayi* in the anterior chamber: a case report from India**

Brugia malayi is a filarial parasite endemic in southern China, India, and throughout south-east Asia. It is responsible for ~10% of lymphatic filariasis cases in the region.¹ A few occurrences with ophthalmic involvement have been reported previously.^{2–4} We present a case of intraocular *B. malayi* from Kerala, a state in southwestern India.

Case report

A 14-year-old female presented with redness in the right eye for 1 month. Her right eye visual acuity tested on Snellen's chart was 20/40 for distance and 20/30 for near. On examining under a slit lamp, a live mobile worm was seen in the anterior chamber (Figure 1). There was 1+ flare and 1+ cells. There was no posterior segment signs of inflammation or presence of worm. The patient has not taken any treatment previously. Total leukocyte count was 11 500 cells/mm³, differential leukocyte counts did not show any eosinophilia and ESR was 35 mm/h. Circulating filarial antigen test was negative. No systemic involvement was noted.

The worm was removed under topical anesthesia under aseptic precautions.

The patient was treated with oral diethylcarbamazine 50 mg BD and levocetizine 10 mg for 10 days, prednisolone 40 mg, and topical betamethasone every 2 h tapering over 2 weeks. Postoperatively there was no inflammation or raised IOP. The patient's vision recovered to 20/20 for distance and near.

The worm was examined under a Carl Zeiss microscope with measurement facility. The taxonomy was done based on standard keys. Immunoassays could not be done as the specimen was formalin preserved. We identified a subadult female worm of *Brugia* sp with the reproductive tract at the head end.

Comment

Filariasis is transmitted by a mosquito.¹ Lymphatic filariasis caused by *B. malayi* occurs in southwest India, China, Indonesia, Malaysia, Korea, the Philippines, and Vietnam.² The ocular manifestations of filariasis are

elephantiasis of the eyelids, iritis, retinal hemorrhages, or the presence of microfilaria in the lacrimal gland secretion.³

We made a diagnosis of live *B. malayi* in the anterior chamber; however, owing to the lack of systemic involvement, this could be a new species *B. phangi*.⁵ Molecular techniques need to be used to identify this.

Diethylcarbamazine clears microfilaria from the blood and has a limited but definite effect on adult parasites.² Our patient responded extremely well to treatment. Appropriate examination, identification, and prompt treatment are of paramount importance. Control is by mosquito eradication. *Mansonia* species are the major vectors in rural areas.²

Conflict of interest

The authors declare no conflict of interest.

References

- 1 Lymphatic filariasis, WHO fact sheet number 102, 2013. <http://www.who.int/mediacentre/factsheets/fs102/en/#>.
- 2 Anandakannan K, Gupta CP. Microfilaria malayi in uveitis: case report. *Br J Ophthalmol* 1977; **61**(4): 263–264.
- 3 Rohela M, Jamaiah I, Yaw CC. Eye lesion caused by adult *Brugia malayi*: a first case reported in a child from Malaysia. *Southeast Asian J Trop Med Public Health* 2006; **37**(4): 652–655.
- 4 Rautaraya B, Tiwari S, Mahapatra A, Nanda A. Ocular filariasis. *Trop Parasitol* 2011; **1**(2): 116.
- 5 Muslim Azdayanti, Fong Mun-Yik, Mahmud Rohela, Lau Yee-Ling, Sivanandam Sinnadurai. Armigeres subalbatus incriminated as a vector of zoonotic *Brugia pahangi* filariasis in suburban Kuala Lumpur, Peninsular Malaysia. *Parasit Vectors* 2013; **6**: 219.

A Mohan¹, A Verghese², M Raman³ and J Biswas⁴

¹Medical Research Foundation, Chennai, India

²Eye Microsurgery & Laser Centre, Tiruvalla, India

³Department of Parasitology, Medical Research Foundation, Chennai, India

⁴Department of Ocular Pathology of Uvea, Medical Research Foundation, Chennai, India
E-mail: drashwinm@gmail.com

Eye (2014) **28**, 1038; doi:10.1038/eye.2014.77; published online 2 May 2014

Figure 1 Color microscope photo of the right eye in diffuse illumination showing the presence of live worm in the anterior chamber.

**Sir,
The anatomical and functional benefit of bevacizumab in the treatment of macular edema associated with Purtscher-like retinopathy**

We read the article by Miguel *et al*¹ regarding Purtscher's and Purtscher-like retinopathies with great interest. As the authors well describe, 'Purtscher-like retinopathy' is diagnosed in patients with fundus findings similar to Purtscher's retinopathy, without a history of trauma but