

## A Rare Case of Bilateral Anterior Uveitis Revealing Ocular Toxocarosis

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### Abstract

### Case Report

We present a rare case of bilateral anterior uveitis in a 10-year-old patient, which revealed ocular toxocariasis. The patient complained of blurred vision and bilateral eye pain, and clinical examination showed the presence of synechia and incipient cataract. Serological tests confirmed that the patient was indeed infected with *Toxocara*. Treatment with local corticosteroids and anthelmintics resulted in significant improvement, highlighting the significance of considering toxocariasis in similar cases.

**Keywords:** Toxocarosis, Anterior, Uveitis.

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## INTRODUCTION

Bilateral anterior uveitis is an inflammation that affects both eyes simultaneously. This condition can have a variety of etiologies, but is rarely associated with ocular toxocariasis, an infection caused by the parasite *Toxocara*. This article presents a rare case of bilateral anterior uveitis revealing ocular toxocariasis, highlighting the importance of accurate diagnosis and appropriate treatment.

## CASE PRESENTATION

A 10-year-old patient, with no significant medical history or known risk factors, presented to our training with blurred vision and persistent red eye pain bilaterally for several weeks. Clinical examination revealed visual acuity of 2/10 in both eyes, with a tyndall of 2 crosses on the right and 1 cross on the left, as well as bilateral 360-degree synechia, with incipient cataract. The fundus was normal, with the exception of a 1 hyalite.

A laboratory work-up was performed, and serology returned normal, with the exception of moderate eosinophilia. Serological tests for *Toxocara* were positive, confirming the diagnosis of toxocariasis.

The diagnosis of ocular toxocariasis was made on the basis of serological results and eosinophilia alone, given the atypical clinical appearance.

The patient was treated with a combination of local corticosteroids to reduce ocular inflammation and anthelmintics to eradicate the parasitic infection. Treatment led to a significant improvement in visual acuity and resolution of ocular inflammation.

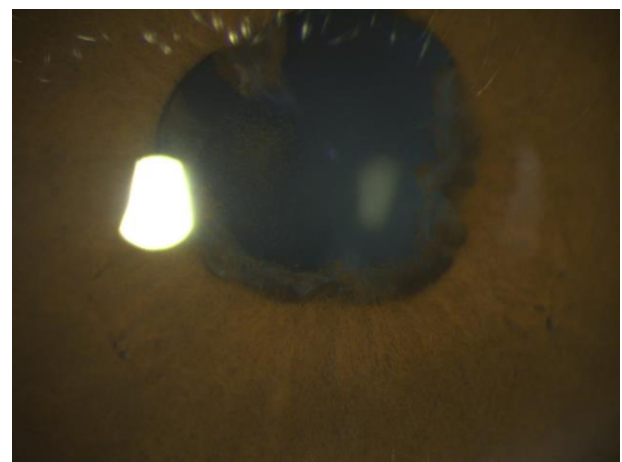
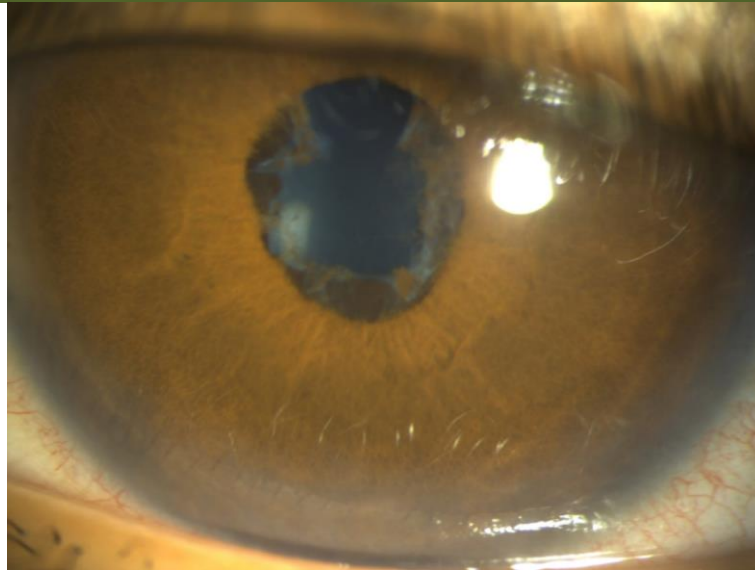


Figure 1: Synechial anterior uveitis right eye



**Figure 2: Synchial anterior uveitis left eye**

## DISCUSSION

Ocular toxocariasis is a disease caused by *Toxocara Canis* or *Catis*. It is more common in developing countries and non-urbanized areas. It mainly affects young children who ingest embryonated eggs, and accounts for 1-2% of cases of uveitis in these children [1].

It is caused by the accidental ingestion of *Toxocara* larvae, generally through contact with soil or food contaminated by infected dog or cat feces. The larvae then migrate to various organs, including the eyes, where they can cause severe inflammation [2].

In 90% of cases, ocular involvement is unilateral, unlike in our patient's case. It most often manifests itself as a drop in visual acuity. Strabismus and leukocoria are rarer, occurring mainly in children. Ocular involvement is most often uveitis associated with retinal granuloma, from which vitreous flanges form. The discovery of toxocariasis in the context of anterior uveitis without granuloma is rare [3]. In children, typical infestation is characterized by a monofocal posterior uveitis associated with a dense chorio-retinal interpapillomacular granuloma [4].

This clinical picture may suggest retinoblastoma, which requires imaging to rule out this differential diagnosis. In adults, the focus is often more peripheral, as in our patient. Other ocular forms have also been described, such as papillitis, endophthalmitis, subretinal pseudohypopion of the posterior pole and retinal detachment [4].

Diagnosis is based on serological blood tests and punctures of the anterior chamber or vitreous for

specific antibodies. Treatment is not systematic, and depends on the degree of inflammation and the location of the lesion at the back of the eye. Treatment consists of oral corticosteroid therapy combined with antiparasitic agents (thiabendazole or albendazole) [5].

## CONCLUSION

This case highlights the importance of considering toxocariasis in the differential diagnosis of bilateral anterior uveitis, particularly in patients presenting with signs of inflammation without an obvious cause. Early diagnosis and appropriate treatment are essential to prevent complications and preserve vision. Physicians need to be aware of this rare but treatable cause of uveitis to ensure optimal patient management.

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