

Subretinal Cysticercus Cyst or Intraretinal Loculated Fluid?

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We read with great interest the photo essay by Megur *et al.* on “choroidal neovascular membrane (CNVM) in a case of sub-retinal cysticercosis.”^[1]

The authors have identified the sub-retinal “cyst” on optical coherence tomography. This is doubtful because the mentioned lesion appears to be intraretinal, and an intraretinal cysticercus cyst is extremely rare.^[2] The scolex or some amount of calcification (if the larva is dead) will be essential to identify it as cysticercus cyst; in the absence of which a serological test can substantiate the diagnosis at least to some extent.^[3] In this patient, an enzyme-linked immunosorbent assay was done 6 months prior to the onset of ocular symptoms and hence is difficult to substantiate.

Another important feature is that if there is a co-infection of neurocysticercosis and intraocular cysticercus, the intraocular cyst must be removed completely by surgery first, followed by cysticidal drugs and corticosteroids.^[4] Anthelmintic therapy is contraindicated in ocular cysticercosis because lysis and degeneration of intraocular cyst may induce intraocular inflammatory reactions and result in a visual loss.^[5] In a case series of 22 eyes with intraocular cysticercosis, vitritis was noted in all and was the

most common clinical finding at presentation.^[6] A total absence of vitreous inflammation in this patient makes the diagnosis of cysticercosis less likely.

The lesion thereby appears to be an inflammatory/idiopathic CNVM and the cyst is probably an intraretinal loculated fluid. This is very much substantiated by the fact that a single anti-vascular endothelial growth factor injection showed a regression of the lesion.

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