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LETTER TO THE EDITOR

Macular hole formation after toxoplasmic retinochoroiditis: coincidence or rare complication?

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To the Editor

Arana et al. [1] recently published an interesting case report associating macular hole (MH) formation with toxoplasmic retinochoroiditis (TR). The authors hypothesized that the pathogenesis of MH in a 35-year-old patient with TR was inflammation of the vitreous inducing vitreofoveal traction, MH and detachment.

Although we agree with the authors that vitreoretinal traction due to inflammatory contraction of the posterior hyaloid face might have contributed, at least to some extent, to the formation of the MH, we would like to highlight another causative factor which merits consideration.

We recently reported a similar case of full-thickness MH formation after TR and investigated the retinochoroidal blood flow in the area of the TR lesions [2]. Interestingly, the affected eye showed significant retinochoroidal hypoperfusion in the area of inflammation compared to the corresponding anatomical location in the fellow eye [2]. Moreover, fundus examination in our patient did not reveal any

prominent vitreoretinal traction. Research has shown that retinal ischaemia can result in MH formation [3]. Our clinical observation supports the hypothesis that MH formation in cases of TR may result from retinal hypoperfusion and/or vitreoretinal traction.

We believe that evaluation of retinochoroidal perfusion in cases of TR is important in order to investigate the pathophysiology of MH formation.

References

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