

# Researcher helps discover Ebola virus in eye fluid of recovered survivor

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A leading Flinders University ophthalmology researcher has co-authored a case study which found that live Ebola virus was present in a patient's eye fluid, 10 weeks after the virus was no longer detectable in the patient's blood.

Professor Justine Smith, an eminent international ophthalmologist and scientist, said the discovery of Ebola [virus](#) in the patient's aqueous humor – the clear fluid in the front of the eye between the lens and the cornea – could have major implications for Ebola survivors and the [health care workers](#) who treat them.

"This is the first time Ebola virus has been detected in eye fluid well after the patient has made a full recovery from the [disease](#)," Professor Smith said.

"This discovery shows patients who survive this disease could still be carrying the virus in the eye fluid."

The [case study](#), published in the *New England Journal of Medicine*, is based on Ebola survivor Dr Ian Crozier, an infectious disease specialist who contracted the disease whilst treating patients in Sierra Leone in West Africa in August last year but was successfully treated in the United States.

Professor Smith consulted with Dr Crozier and other infectious disease specialists who treated him at Emory University Eye Hospital in Atlanta. Their joint findings and views on the case study's implications were presented at the world's largest international meeting of eye and vision researchers in Denver, Colorado.

Professor Smith said that after his recovery from Ebola, Dr Crozier developed severe uveitis – an inflammation inside the eye that can destroy eye tissues, leading to reduced vision and in some cases total

vision loss.

Professor Smith, based at Flinders University's School of Medicine in Adelaide, has undertaken extensive research on uveitis. She said these findings also could mean that other Ebola survivors were at risk of developing the condition as a long-term side effect.

"Certainly these findings will mean the thousands of Ebola survivors in West Africa will need to be monitored for eye disease post recovery," she said.

"Furthermore, if future [eye](#) surgery is required because of complications of uveitis, there is risk to staff in the operating theatre if appropriate precautions are not undertaken."

Provided by Flinders University

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