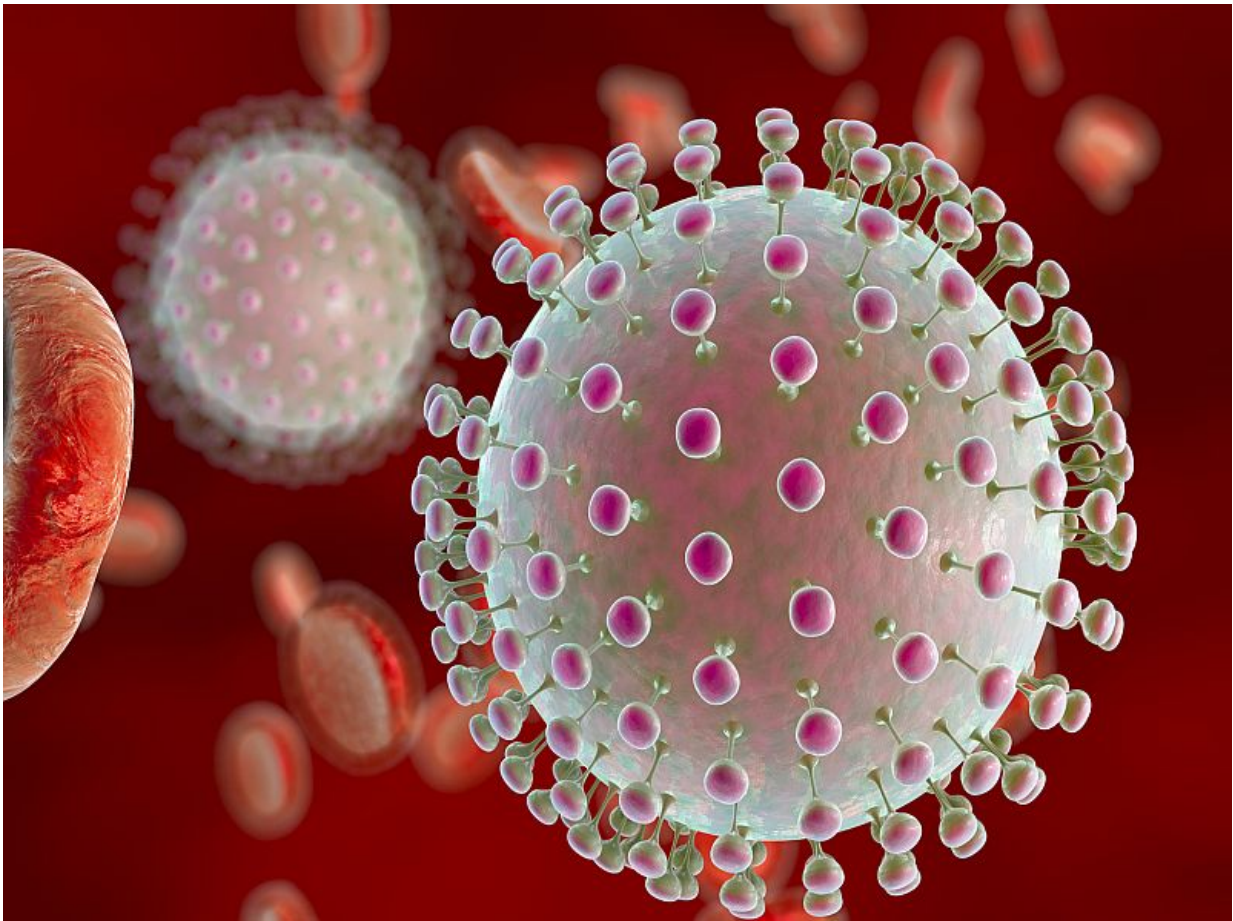


Chorioretinal lesions secondary to zika virus observed

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(HealthDay)—Acute-onset, self-resolving, placoid or multifocal non-

necrotizing chorioretinal lesions may be caused by Zika virus infection, according to a case report published online March 9 in *JAMA Ophthalmology*.

Christopher R. Henry, M.D., from the University of Miami Miller School of Medicine, and colleagues present the case of a woman in her 60s from Guaynabo, Puerto Rico, who presented with reduced [visual acuity](#) and bilateral diffuse, subretinal, confluent, placoid, and multifocal chorioretinal lesions who was observed over a five-month period.

The authors identified early hypofluorescence and late staining of the chorioretinal lesions on fluorescein angiography. Outer retinal disruption in the placoid macular lesions was demonstrated on [optical coherence tomography](#). Real-time reverse transcription polymerase chain reaction testing identified Zika RNA in a plasma sample; after ruling out other viral and infectious causes, Zika was suspected as the cause of chorioretinal lesions. The patient's visual acuity had improved to 20/60 oculus dexter (OD) and 20/25 oculus sinister (OS) three weeks after symptom onset, with intraocular pressures of 18 and 19 mm Hg OD and OS, respectively. The chorioretinal lesions had healed in six weeks and visual acuity had improved to 20/25 OD and 20/20 OS.

"Similar findings in potentially exposed adults suggest that clinicians should consider immunoglobulin M antibody or [polymerase chain reaction](#) testing for Zika virus as well as diagnostic testing for Dengue fever and West Nile virus," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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