

# 愛滋病以巨細胞病毒性視網膜炎為初始表徵之病例報告

## AIDS Presenting Early Cytomegalovirus

### Retinitis – A Case Report

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#### 摘要

目的：描述一名病患僅以巨細胞性視網膜炎為初始表徵，進而被發現為愛滋病患之病例報告。個案：三十歲白人女性，過去無特殊病史，因視力於數日內急速惡化求診，無其他之身體不適。就診時視力右眼0.7，左眼1.0，右眼並出現相對傳入性瞳孔缺失徵象，眼底檢查雙眼廣泛浸潤性視網膜炎，合併雙眼視野缺失。血清中抗巨細胞病毒及抗HIV抗體力價升高，其他血液學檢查皆正常，無明顯免疫低下之徵象。病患立即接受抗巨細胞病毒合併抗愛滋病毒之療程治療三週後，視力右眼0.8，左眼1.0，雙眼視網膜炎皆明顯消退，視野缺損程度無進一步惡化。結論：值得注意巨細胞病毒性視網膜炎仍可能為愛滋病之初始表徵，儘早正確診斷及積極介入治療則具有令人滿意的效果。

#### Abstract

Purpose: To describe a patient had the only initial manifestation of cytomegalovirus (CMV) retinitis, was later diagnosed with Acquired immunodeficiency syndrome (AIDS). From early intervention of anti-CMV medication combined with anti-HIV drugs, the patient had good preservation of final visual outcome on follow-up examinations. Methods: Case report Case Report: A 30-year-old white female is an English teacher came to Taiwan for more than 2 years. She had been quite well before, without underlying disease mentioned, except for chronic allergic rhinitis. Blurred vision in progress was found herself since about 3 days ago before she visited our ophthalmologic department. Further examinations were performed, including slit lamp biomicroscopy, best-corrected visual acuity (BCVA) measurement, dilated fundus examination, visual field examination, color fundus photographs, and Fluorecein angiography. Result: Best-corrected visual acuity showed 0.7 on right eye and 1.0 on left eye initially. Relative afferent pupillary defect (RAPD) sign was observed on her right eye, whereas fundus examination showed extensive infiltration of retinitis in both eyes with "brushfire-like" pattern along retinal blood vessels. So that viral retinitis was highly suspected. Blood examination showed high titers of serum CMV antibody and anti-HIV antibody, but absolute neutrophil counts (ANC) and CD4 cell counts were still within normal limits. AIDS complicated with CMV retinitis was diagnosed. Following treatment with Gancyclovir 250 mg every 12 hours had been

administered intravenously for 2 weeks. Then regimen of Gancyclovir was changed to 250 mg everyday intravenously. At the same time, anti-HIV agents with Highly-active anti-retroviral therapy (HAART, cocktail) were also given. After completing 3 weeks course of treatment, dilated fundus examination showed regressed infiltration of retinitis and good preservation of visual acuity with 0.8 on the right eye and 1 .0 on the left eye. She was then discharged from ward under oral Valgancyclovir control. Conclusion: It is worthy to mention that CMV retinitis can still be the initial manifestation of AIDS. And satisfying outcome of final visual acuity can still be expected by early diagnosis and early intervention with anti-viral treatment.