Progressive outer retinal necrosis in a multiple sclerosis patient on natalizumab

Figure 1 Fundus photographs of both eyes at presentation

Normal right fundus with 20/20 visual acuity (A); peripheral confluent retinal whitening, hemorrhages, and vasculitis in left eye with 20/125 visual acuity (B).

A 54-year-old woman with multiple sclerosis, on natalizumab, reported 2 weeks of left eye redness and blurry vision, previously diagnosed as conjunctivitis. Visual acuity was 20/125. Funduscopy revealed progressive outer retinal necrosis (figure 1), a viral retinitis of immunocompromised patients that frequently causes vision loss.¹ Sequential bilateral involvement is common. Etiologies include varicella zoster, herpes simplex, and rarely cytomegalovirus; aqueous PCR revealed varicella. Natalizumab was held. IV and intravitreal antivirals were administered. After repair of retinitis-induced retinal detachment and resolution of retinitis, visual acuity was 20/125 (figure 2). In immunocompromised patients with ocular symptoms, clinicians should consider infectious retinitis and obtain prompt funduscopy evaluation.

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1. Gore DM, Gore SK, Visser L. Progressive outer retinal necrosis: outcomes in the intravitreal era. *Arch Ophthalmol* 2012;130:700–706.

Figure 2 Fundus photograph of the left eye after treatment

After 2 months of biweekly intravitreal injections, 1 month of IV antivirals and ongoing oral antivirals, and retinal detachment surgeries, the left retina was attached with resolved retinitis.

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