Intraocular inflammatory reactions without focal necrotizing retinochoroiditis in patients with acquired systemic toxoplasmosis

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Purpose: To describe the occurrence of intraocular inflammatory reactions as the sole ophthalmic manifestation of acquired systemic toxoplasmosis.

Methods: Review of medical records for 10 patients with uveitis and evidence of recent *Toxoplasma gondii* infection.

Results: Patient ages ranged from 3 to 51 years. Ocular symptoms were present in each of eight adult patients. Inflammation was unilateral in nine patients; it manifested as vitreous humor cells and haze (10 patients), anterior chamber cells (seven patients), and retinal vasculitis (seven patients). No patient had necrotizing retinochoroiditis upon initial examination. Inflammation resolved in each of nine patients who had follow-up examinations. Foci of retinitis or inactive retinochoroidal scars were seen in four of these nine patients during follow-up examinations, at intervals of 2.0 weeks to 2.5 years after initial examination.

Conclusions: Retinal vasculitis and associated inflammatory reactions may be the only ophthalmic disorder during the early stages of a newly acquired *T. gondii* infection. Later development of retinitis or scars consistent with toxoplasmic retinochoroiditis in the same eyes suggests that the initial, isolated inflammation may be caused by the presence of parasites in retinal tissue. These cases may have implications for understanding the original source of retinal infection in patients who have recurrent toxoplasmic retinochoroiditis and for treatment of newly acquired *T gondii* infection.

Exophiala jeanselmei causing late endophthalmitis after cataract surgery

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Purpose: To report two cases of late endophthalmitis caused by *Exophiala jeanselmei* after cataract surgery.

Methods: Case reports, including clinical evaluation, direct examination, and culture of the aqueous humor.

Results: In each case, samples from the anterior chamber had positive growth of yeasts with toruloid hyphae and pseudohyphae. Intravitreal and anterior chamber amphotericin B were used in both cases. Apparent clinical resolution was achieved, but after 3 months in one case and 6 months in the other the infection recurred more aggressively, with severe endophthalmitis leading to ocular atrophy.

Conclusion: E. jeanselmei causes a severe intraocular infection and isolation, and identification of the agent ensures proper diagnosis and treatment. After clinical resolution of the infection, careful and long-term follow-up is recommended to promptly detect relapse and immediately reintroduce treatment.

Evaluation of Teflon-coated intraocular lenses in an organ culture mathod

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An amorphous and transparent form of Teflon is proposed as a coating of polymethylmethacrylate (PMMA) intraocular lenses (IOLs), rendering them highly hydrophobic. We used na organ culture method to evaluate cell adhesion, proliferation, and migration on Teflon-coated IOLs. Corneal explants from 14-day-old chicken embryos were placed on a semisolid culture medium and covered with uncoated PMMA (*n* = 36) and Teflon-coated PMMA (n = 36) IOLs and two controls, Thermanox (n = 84) and latex (n = 36). After incubation (7 days at 37ºC), a digital imaging system was used to measure the areas of the cell migration layers on the materials. The cells were then removed with tripsin-ethylenediaminetetraacetic acid and the cells detached at times up to 75 min were counted (Coulter® Multisizer System). The values were used to construct a cell disconnecting curve for each material. The areas of cell migration layers on uncoated and Teflon-coated IOLs were significantly different ($p < .05$). Cell disconnecting curves demonstrated that cells adhered less strongly to Teflon-coated IOLs than the other materials. This organ culture method demonstrated that the coating of PMMA IOLs with Teflon AF® is correlated with antiadhesive and antiproliferative properties.