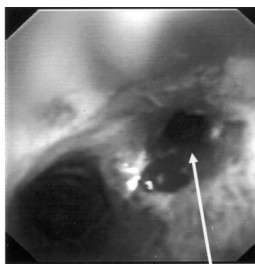


TRACHEAL STENOSIS



RMB STENOSIS

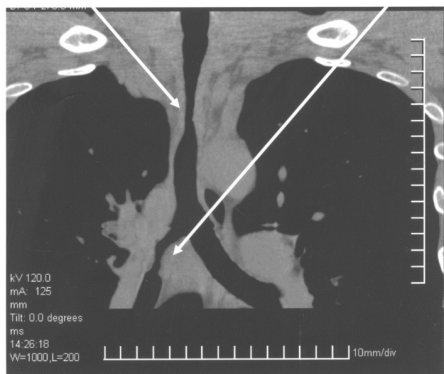


Figure 1 Bronchoscopy and coronal CT scan demonstrating tracheal and right main bronchus stenosis

lacerations (both of which had healed at one month), and one of bronchospasm. However recurrence was common: 80% of patients had a primary relapse of airway stenosis and 43% had a secondary relapse. Recurrence is the usual reason for stent insertion. Since retrieval of metallic stents can be difficult, non-metallic stents are preferred for the management of benign disease; they can be left *in situ* for long periods. Complications of stents include migration, granuloma formation and obstruction.⁹ In some cases surgical resection of the stenotic segment together with bronchoplastic reconstruction is a possibility.

With the increasing incidence of TB, UK clinicians need to be sensitive to this cause of stridor, especially in groups at high risk.

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Visual loss after cat scratch

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Visual loss associated with neuroretinitis (optic disc swelling with a macular star) should prompt questions about contact with cats.

CASE HISTORY

A man aged 25 attended the eye casualty clinic after three days of gradually deteriorating visual acuity in the right eye. For the previous two weeks he had experienced flu-like symptoms from which he was now recovering. He owned a kitten which had scratched him on numerous occasions over the past few weeks.

Best corrected visual acuities were 6/18 in the right eye and 6/4 in the left eye. There was no relative afferent pupillary defect and colour vision was normal. Fundoscopy revealed a right swollen optic disc, macular exudates in a star formation and some superficial retinal haemorrhages (Figure 1). There was no other sign of inflammation in the right eye and the left eye appeared normal. Fluorescein angiography showed some late leakage from the right disc. Full blood count, urea, electrolytes, erythrocyte sedimentation rate, serum angiotensin converting factor, cytomegalovirus serology, chest X-ray and CT of the brain and orbits were all either normal or negative. However,

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Figure 1 Fundus of right eye showing neuroretinitis—i.e. disc swelling and macular exudates (arrows)—and superficial retinal haemorrhages in the inferonasal retina

immunofluorescent antibody titres to *Bartonella henselae* were 1:80 for IgM and 1:>256 for IgG, both indicative of current or recent cat-scratch disease. His right visual acuity

Box 1 Clinical manifestations of cat-scratch disease

Ocular	Non-ocular
Parinaud's oculoglandular syndrome	Polyneuritis
Disciform keratitis	Arthritis
Anterior uveitis	Erythema nodosum
Vitritis	Hepatosplenic infections
Pars planitis	Encephalopathy
Focal retinal vasculitis	Osteomyelitis
Neuroretinitis	Endocarditis
Retinal vascular occlusions	
Focal choroiditis	
Serous retinal detachment	
Peripapillary angiomatous lesions	

subsequently deteriorated to 6/60 and a relative afferent pupillary defect developed with some loss of colour vision. After a course of ciprofloxacin vision improved to 6/6; the fundus appearance and colour vision became normal and the pupillary defect resolved.

COMMENT

The usual reservoir for *B. henselae* is cats, among which the transmission vector is the cat flea, *Ctenocephalides felis*.¹ In the UK, positive serology is found in about 40% of cats, whether tame or feral, but only 3% of pet dogs.² In a person infected by a cat scratch or bite a local mild infection is followed by regional lymphadenopathy, low-grade fever and malaise. In a minority of patients extranodal dissemination can lead to the broad range of clinical manifestations summarized in Box 1.^{1,3}

Whether immunocompetent individuals with ocular cat-scratch disease need treatment is debatable since the natural progression is for complete recovery within a few months. However, systemic antibiotics do seem to shorten disease duration and speed visual recovery.⁴ Alternatives to ciprofloxacin include rifampicin, intramuscular gentamicin and cotrimoxazole.⁵ Although the prognosis is on the whole good there may be residual loss of visual acuity, disc pallor, afferent pupillary defects and retinal pigmentary changes.

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