

MACULAR LESION AFTER INFLUENZA*

BY

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VARIOUS ocular complications have been reported in influenza, including optic neuritis, iridocyclitis, interstitial keratitis, marginal corneal ulcers, and dacryoadenitis. The following patient showed macular lesions in both eyes after an attack of influenza during the epidemic of June, 1957. The condition is thought to be rare enough to be worth reporting.

Case Report

A Hindu woman aged 25 came to hospital complaining of diminution of vision in both eyes after an attack of influenza in June, 1957. The attack had lasted for 7 days, with sudden onset of racking headache, aching pain in the loins and limbs, distressing dry cough, and a few erythematous spots. The temperature rose to 104°F. for 3 days with marked prostration, and the eyes were red and inflamed. The patient was treated with aspirin and chloramphenicol, no respiratory complications occurred, and recovery was uneventful.

As soon as the attack had passed off the patient noted a marked diminution of vision for distant objects. She was at the time in the sixth month of pregnancy and in due course gave birth to a normal baby.

Examination.—She was somewhat obese with no local or general disease. The visual acuity was 6/36 in both eyes. Refraction was +1.5D sph. The media were clear. The fundus showed shining vesicular dots, three in the right eye and four in the left, round about the macula with a capillary ending at each one of them. The foveal reflex was absent. There was irregularity of the macular region, and, although no discrete pigment deposits could be made out, the whole area was somewhat darker than normal.

The visual acuity could not be improved by glasses.

The heart and lungs showed no complications of influenza.

Discussion

The macular lesions seemed to be of vascular origin. Phlebitis is not a rare event in the course of this disease and may result in petechial haemorrhages anywhere in the body. That this occurred in this case is evidenced by the appearance of erythematous spots on the limbus during the attack. Probably the macular lesion was of the same aetiology and was due to involvement of the retinal and choroidal vessels.

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