A healthy 14-year-old boy presented with a 1-week history of blurred vision in the right eye. He reported no flu-like symptoms and had no cats. Visual acuity was 20/400 in the right eye and 20/20 in the left eye. Funduscopy of the right eye revealed optic disk swelling, one flame-shaped hemorrhage, and macular serous detachment with hard stellate exudates (Figure 1, A). The left eye was normal. Optical coherence tomography confirmed the macular serous detachment (Figure 2, A; available at www.jpeds.com). Complete blood examination, chest radiography, and neuroimaging showed no abnormalities. Serologic tests for Lyme disease, syphilis, and toxoplasmosis were negative. Titers of Bartonella henselae antibodies were positive at a dilution of 1/80 for IgM. This was consistent with a diagnosis of bartonella neuroretinitis. The patient was treated with doxycycline (100 mg/12 h) and rifampicin (300 mg/12 h) daily for 6 weeks. One month later, the visual acuity improved to 20/30 in the right eye. A more obvious macular star was assessed; however, the disk edema and the serous macular detachment decreased (Figures 1, B and 2, B).

Bartonella henselae infection should be considered in patients with neuroretinitis even when there is no history of cat exposure. Serologic testing might be considered to confirm the diagnosis of B henselae infection. Four to 6 weeks of antibiotic therapy, rifampicin, and doxycycline in patients older than 8 years of age and rifampicin with azithromycin or co-trimoxazole in younger patients.

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References

Figure 1. A, Retinography showing optic disk swelling (black arrow), one flame-shaped hemorrhage (black arrowhead), and macular serous detachment (white star) with hard stellate exudates (white arrowhead); B, retinography 1 month later showing more contrasting hard stellate exudates (white arrowhead).
Figure 2. A, Optical coherence tomography showing the serous macular detachment (white star); B, aspect of the optical coherence tomography 1 month later.