
Molecular Diagnosis of Acute Retinal Necrosis Secondary to CMV in Vitreous Fluid

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Clinical Presentation

Chief Complaint (Jan. 2006)

- **blurring of vision**
- **floaters** in the left eye (OS)

History

- diabetes mellitus for 15 yrs
- **post-kidney transplant** in 1997

Medication

- **immunosuppressive agents** for 10 years
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Clinical Presentation

Visual acuity

- OD 20/70 - improved to 20/30 on pinhole
- **OS 20/70 - not improved on pinhole**

Slit lamp

- OD: normal
- **OS**: low grade **anterior segment inflammation** with few retrolental cells and 2+ vitreous cells

Fundus exam

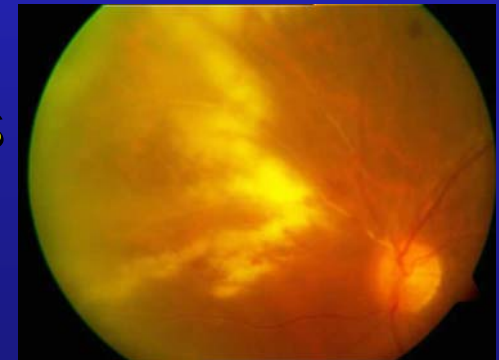
- OD: normal retina and optic nerve
 - **OS**: massive arterial occlusion with sheathing of blood vessels; **retinal detachment** with necrosis
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Initial Assessment

Acute retinal necrosis, left eye

Acute Retinal Necrosis

- first described in Japan in 1971
- **unusual ocular inflammatory syndrome**
- seen in both **healthy** and **immunocompromised**
- diagnosis is based on **clinical findings**

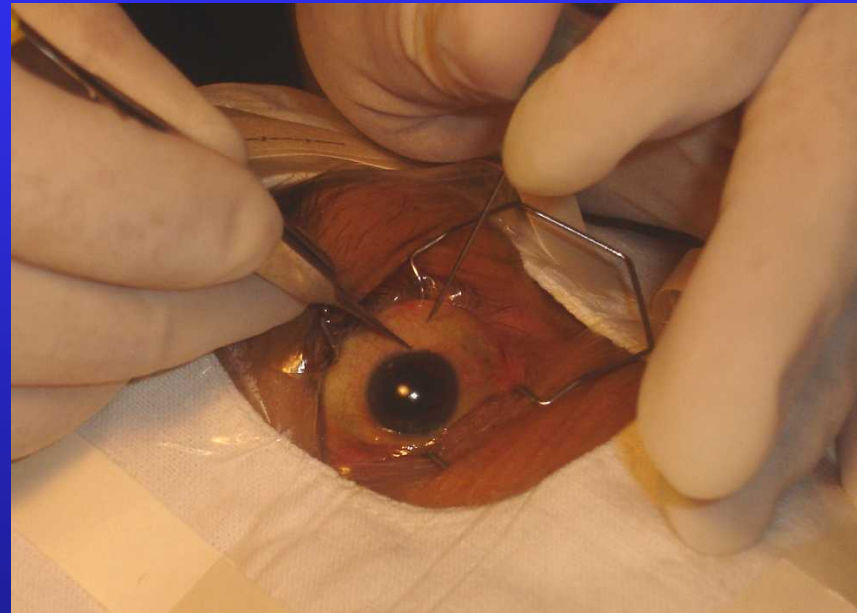


Diagnostic Hallmarks

- one or more foci of retinal necrosis in peripheral retina with **circumferential spread**
- evidence of **occlusive vasculopathy**
- inflammatory reaction in **vitreous and anterior chamber**

Differential Diagnosis

- **ocular toxoplasmosis**
- **syphilitic retinitis**
- **viral retinitis**



Epidemiology

- slightly more common in men
- occur at any age (20 - 60 years of age)
- 1 case/1.6-2 million/year

Etiology

Ganatra JB *et al.* (2000)

- VZV DNA detected in 13 patients (48%)
- HSV-1 DNA detected in 7 patients (26%)
- HSV-2 DNA detected in 6 patients (22%)
- **CMV DNA detected in 1 patient (4%)**



Predisposing Factors

- AIDS
 - hematologic disorders
 - **immunosuppressive drugs**
 - **organ transplant**
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Incidence of CMV Retinitis

Mayo Clinic (1990 - 2004)

Kidney = 5

Liver = 2

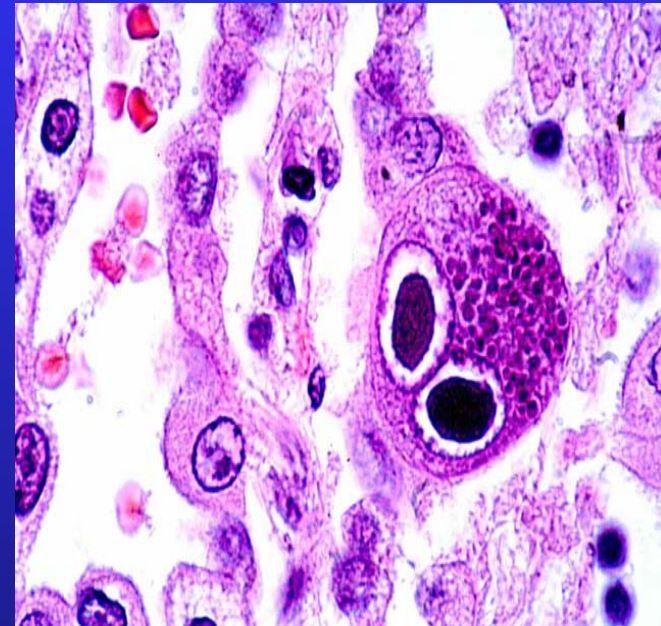
Heart = 1

Stem cell = 1

Total = 9

Diagnostic Techniques

- electron microscopy
- histopathology
- immunocytochemistry
- serology
- viral culture
- **PCR**



Methodology

Sample collection



Viral DNA extraction



Nucleic acid amplification



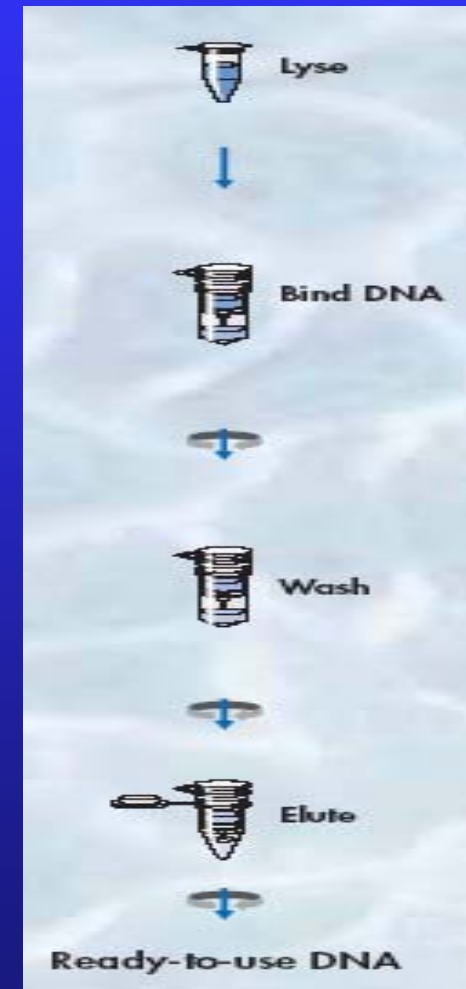
Gel electrophoresis



Staining

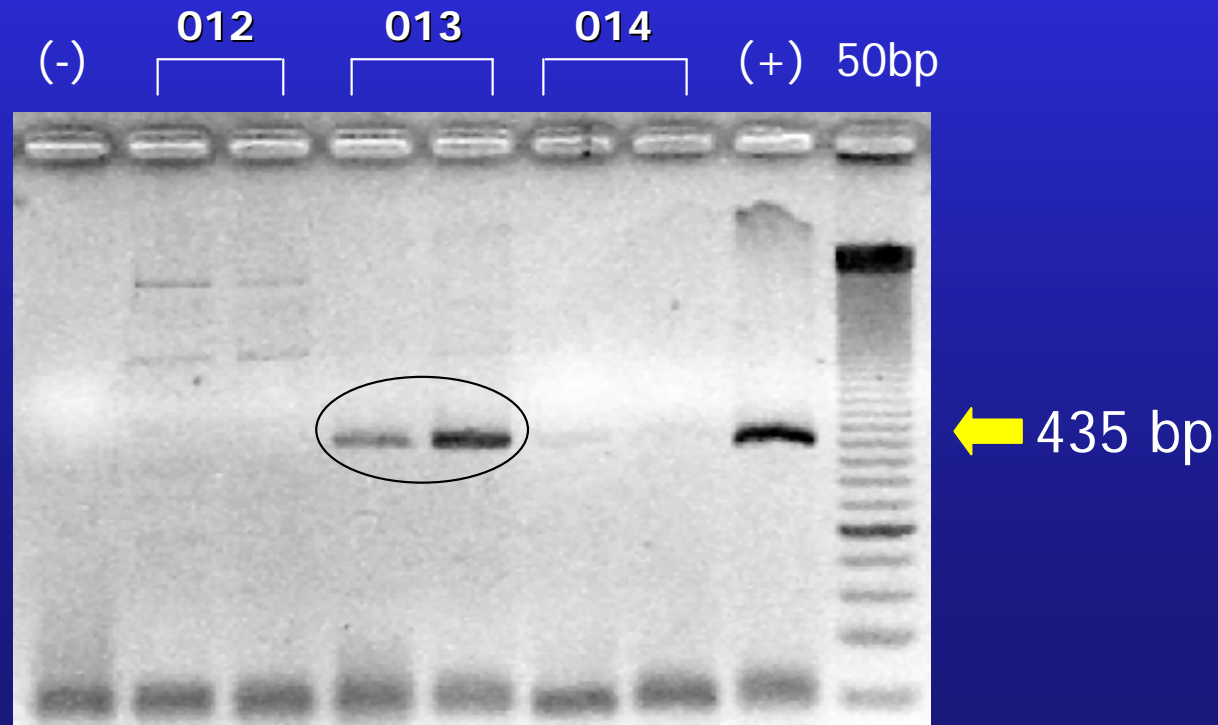
Viral DNA Extraction

- sample is **lyzed** to isolate DNA
- DNA **binds** to the membrane
- contaminants are **washed** away
- DNA is **eluted** in buffer



Nucleic Acid Amplification

Pathogen	Target Region	Amplicon	Reference
CMV	MIE	435 bp	Smith <i>et al.</i> 1993
HSV	Glycoprotein D	281 bp	Read <i>et al.</i> 1993



Current Techniques

□ Multiplex PCR

- **simultaneously screen** (CMV, HSV, VZV, *T. gondii*) for posterior uveitis in a single reaction, without loss of specificity

Dabil H *et al.* 2001

□ Real-time PCR

- rapid and sensitive detection and **quantitation** of infectious posterior uveitis pathogens

Dworkin L *et al.* 2002

Advantages of Molecular Methods

rapid detection

strain differentiation

minimal sample

slow growing organisms

sensitive: 95%

unculturable pathogens

specific: 98%

definitive diagnosis

Final Diagnosis

Acute retinal necrosis 2° to CMV

Management

Treatment

- intravitreal injection of **ganciclovir**
- **pan-retinal photocoagulation**

Response

- vision **initially improved to 20/50**
(two weeks post injection)
-

Outcomes

- progressive **visual loss**
- **retinal detachment** in 50-75% within 3 months
- final visual acuity **<20/200** in 76%
- visual **prognosis may be poorer**

Conclusion

- ARN is a **rare syndrome** and only a **few cases** are due to CMV
 - PCR is a **sensitive, specific** and **rapid** means of detecting small amounts of viral DNA in vitreous fluid
 - Prompt **diagnosis** and **treatment** is crucial to reduce visual loss
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Molecular Diagnostics Laboratory



Thank you

