



Can you identify this condition?

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A 60-year-old white woman who had been treated for herpes simplex encephalitis 2 months earlier presented with progressively worsening panuveitis bilaterally. Her visual acuity was 20/25 in her right eye and light perception in her left eye, with an afferent pupillary defect in her left eye. Slit lamp examination showed keratic precipitates in the left eye and anterior chamber inflammation in both eyes. Fundoscopic examination revealed mild retinitis and occlusive vasculopathy in the right eye, but the retina could not be visualized in the left eye. B-scan ultrasonography demonstrated a retinal detachment in the left eye.

The most likely diagnosis is

1. Cytomegalovirus retinitis
2. Behçet disease
3. Progressive outer retinal necrosis
4. Acute retinal necrosis

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