A 75-year-old woman presented in the emergency department with decreased visual acuity and pain in her left eye. Her history revealed a visit to the internal medicine department 3 weeks earlier related to abdominal surgery. Her ophthalmic history was of no interest; she had not been subjected to surgery. The patient reported associated genitourinary symptoms from the previous day, which were diagnosed by the dermatology department as being of fungal origin. Visual acuity was 18/20 in the right eye and 1/20 in the left eye. In the biomicroscopy of the left eye, we found transparent cornea with an absence of infiltrates. The Tyndall score was 3+ without hypopyon, and with intense conjunctival hyperemia. The patient presented with normal values for intraocular pressure. Fundus exploration revealed a chorioretinitis plate about 2 papillary discs in diameter between the nasal arcades associated with subretinal hemorrhage and a moderate diffuse vitritis.

The most likely diagnosis is

1. Endogenous fungal endophthalmitis
2. Toxoplasma retinitis
3. Toxocara chorioretinitis
4. Cytomegalovirus chorioretinitis

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