

# Reactivation Ocular Toxoplasmosis in Late Pregnancy

## Background

Visual disturbance in pregnancy is often attributed to migraine or hypertensive disorders. However, acute monocular vision change requires urgent evaluation to exclude retinal, vascular, or inflammatory pathology.<sup>1</sup> Ocular toxoplasmosis is the most common cause of posterior uveitis worldwide and typically represents reactivation of latent infection.<sup>2</sup> In pregnancy, distinguishing reactivation from primary infection is essential, as fetal transmission risk differs substantially.<sup>2 3</sup>

## References

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3. Robert-Gangneux F, Dardé ML. *Epidemiology of and diagnostic strategies for toxoplasmosis. Clin Microbiol Rev. 2012;25(2):264–296.*
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## Case

A 25-year-old G2P1 at 33 weeks' gestation presented with sudden-onset left monocular blurred vision and progressive floaters over five days. She denied headache, photophobia, trauma, focal neurological symptoms, or features of pre-eclampsia. Obstetric assessment demonstrated normal blood pressure, reassuring fetal heart rate and no proteinuria.

Emergency evaluation excluded pre-eclampsia and cerebrovascular events. Bedside ocular ultrasound demonstrated abnormal vitreoretinal findings, prompting urgent ophthalmology referral. Visual acuity was reduced in the left eye, and examination revealed posterior uveitis with vitritis and an inferonasal chorioretinal lesion.

Serology demonstrated Toxoplasma IgG positivity with negative IgM. Aqueous humour PCR was negative. Following multidisciplinary review involving Obstetrics, Ophthalmology and Infectious Diseases, the clinical picture was considered most consistent with toxoplasma reactivation rather than acute primary infection. After risk–benefit discussion, a short course of trimethoprim–sulfamethoxazole was commenced and later ceased, with ongoing ophthalmic surveillance. Pregnancy progressed without evidence of fetal compromise, and delivery occurred at term with a healthy neonate.

## Discussion

Ocular toxoplasmosis reactivation during pregnancy presents a diagnostic and management challenge. This case highlights the need to distinguish acute maternal toxoplasmosis, where treatment is directed at preventing congenital transmission, from reactivation disease, in which the primary concern is maternal visual function. IgG positivity with negative IgM supports past exposure; however, intraocular PCR testing lacks sensitivity and does not exclude disease.<sup>3</sup>

Visual symptoms in pregnancy should not be presumed benign without specialist assessment.<sup>1</sup> Multidisciplinary coordination is crucial when balancing maternal visual outcomes against fetal safety, as antimicrobial therapy reduces recurrence risk but does not reverse established retinal damage.<sup>2 4</sup>

This case underscores the importance of urgent ophthalmic review and collaborative decision-making in acute visual disturbance during pregnancy.