18th International Conference of the Research Institute of Ophthalmology

RIO 2026

22 -23 JANUARY 2026

ROYAL MAXIM PALACE KEMPINSKI, CAIRO

The Diagnostic Dilemma: A Headlight in the Fog – A case of Mistaken Identity

By Safwat Elgendy, MSc - RIO

Setting the Scene

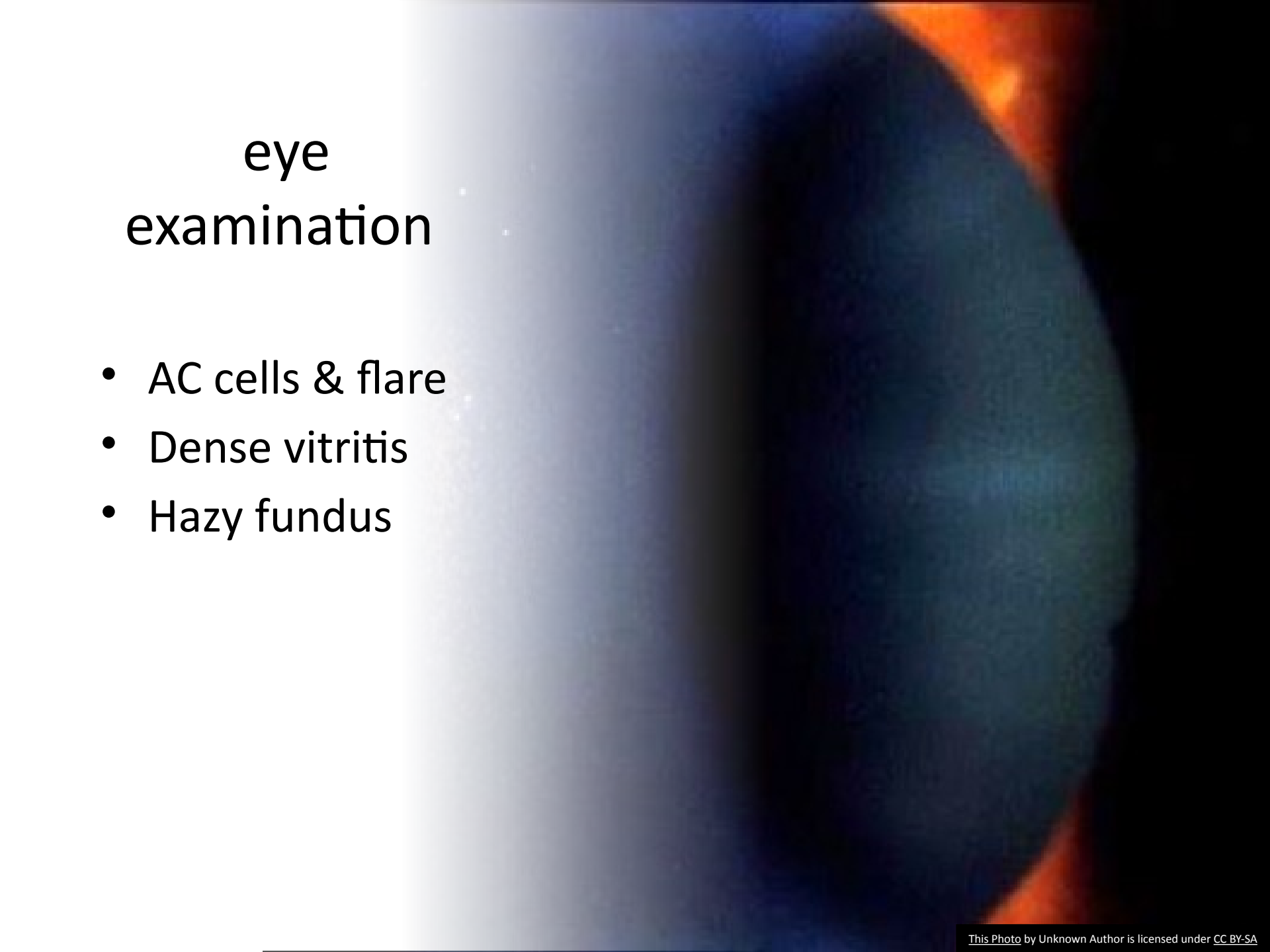
- 25-year-old female
- MS for 4 years. Her last MS flare was 18 months ago. Treated by Solupred then Fingolimod
- Presented with painful diminution of vision floaters and flashes for 3 days
- She reported been diagnosed with MS flare, B-scan and VEP were ordered, started on topical and oral steroids .

At Our Clinic

- VA 2/60 OD – 6/6 OS
- RAPD positive
- IOP 24 mmHg

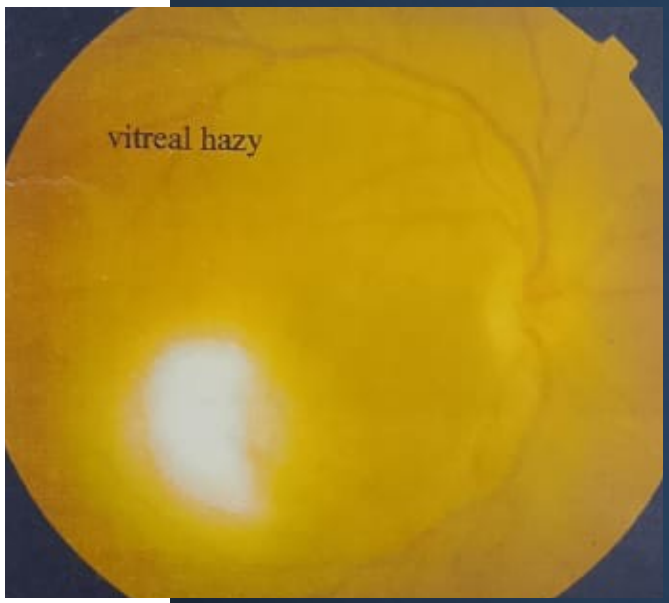
eye examination

- AC cells & flare
- Dense vitritis
- Hazy fundus



Key Fundus Sign

- Yellow-white macular lesion
- Classic 'Headlight in the fog’
- Mild disc edema



Diagnostic Challenges

- Known case of MS
- Disc Edema
- Vitritis
- Sudden diminution of vision

Investigations

- VEP: sub-normal
- Fundus photo for follow up
- OCT
- FFA
- Toxoplasmosis antibodies IgG and IgM were positive
- MRI stable MS with focal lesions

Patient Name	:	الأستاذة / رانيا محمود
Sampling Date	:	**Wednesday 2025-10-08 04:09 PM**
Issuing Date	:	**Wednesday 2025-10-08 07:18 PM**
Referred by	:	دكتور البدرى

Request: 250143529
Passport:
Patient: 91250
Female – 35Y

Immunology

Test name	Result		Reference range
Toxoplasma IgG Ab	>120	IU /ml	Negative: < 0.8 Equivocal: >=0.8 to < 1.2 Positive: >=1.2
Toxoplasma IgM Ab	30.2	IU /ml	Negative: < 6.0 Equivocal: >=6.0 to < 10 Positive: >=10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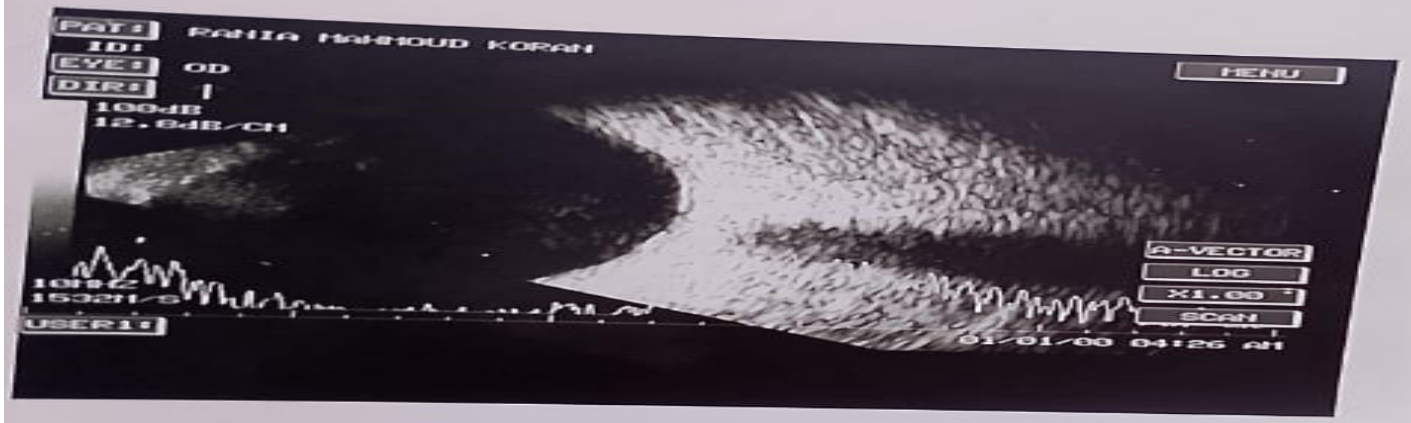
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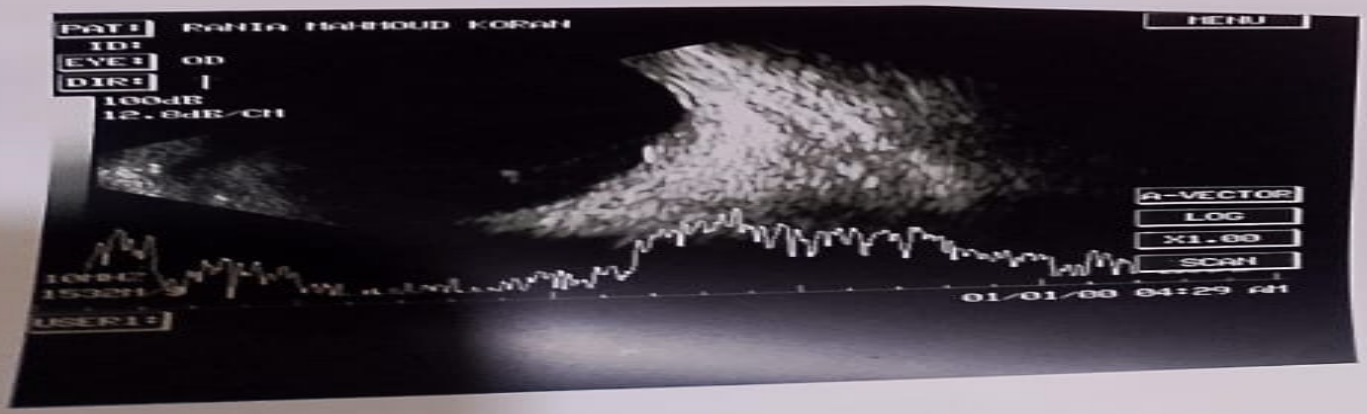
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Disease:

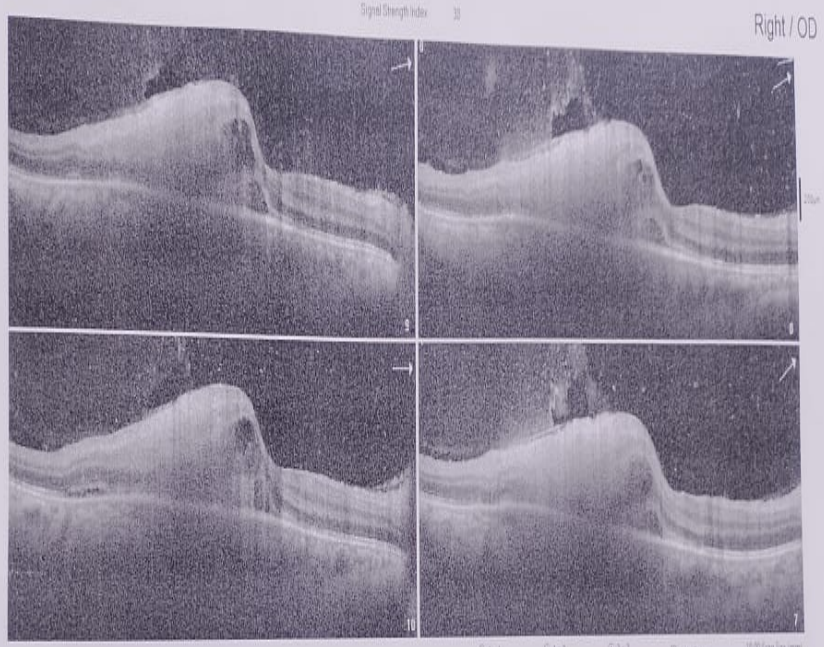
Gender: Female
ID: 2880526102029

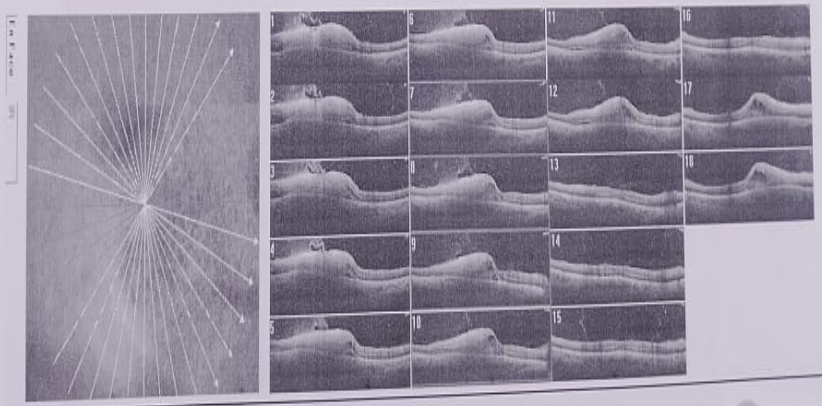
Ethnicity: Caucasian
Algorithm Ver: A2018,1,0,43

Radial Lines

Signal Strength Index 10

Right / OD





Report Date: Saturday 10/04/2025 13:33:45

Software Version: 2018,1,0,43

Comment:

Signature:

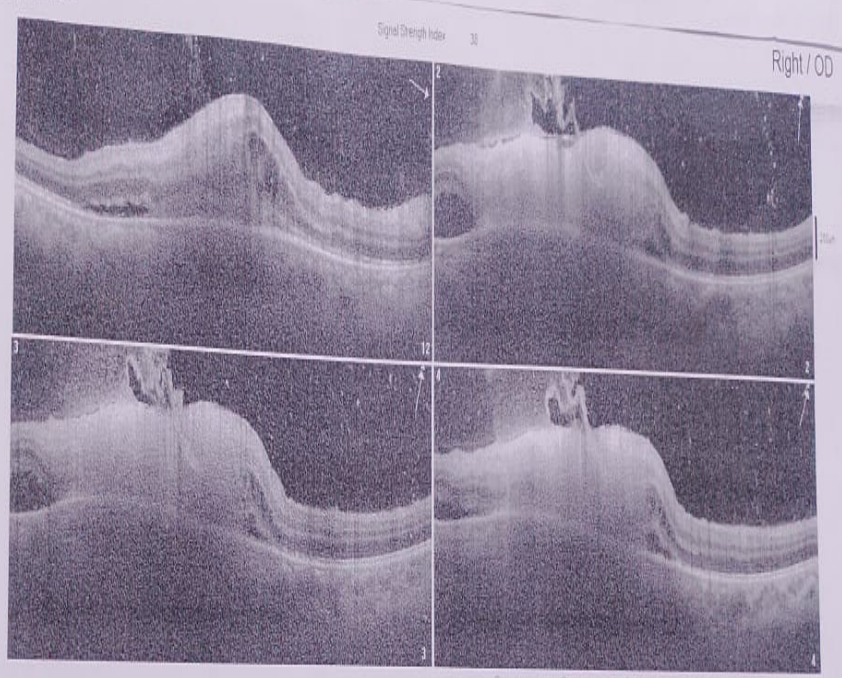
Defining the OCT Revolution

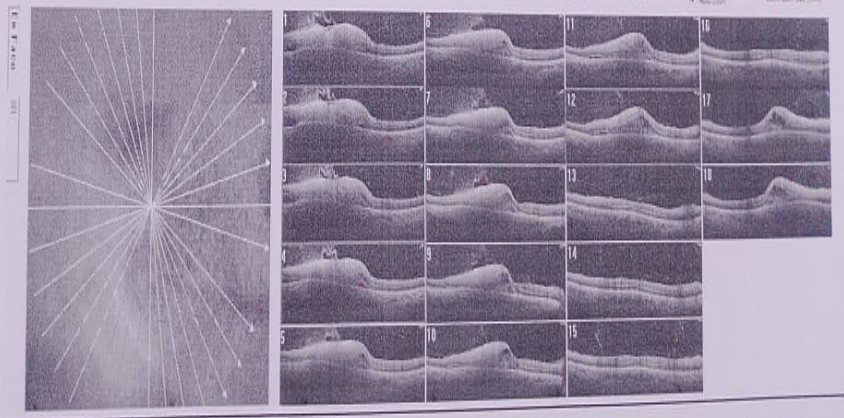
Defining the OCT Revolution

Radial Lines

Signal Strength Index 10

Right / OD





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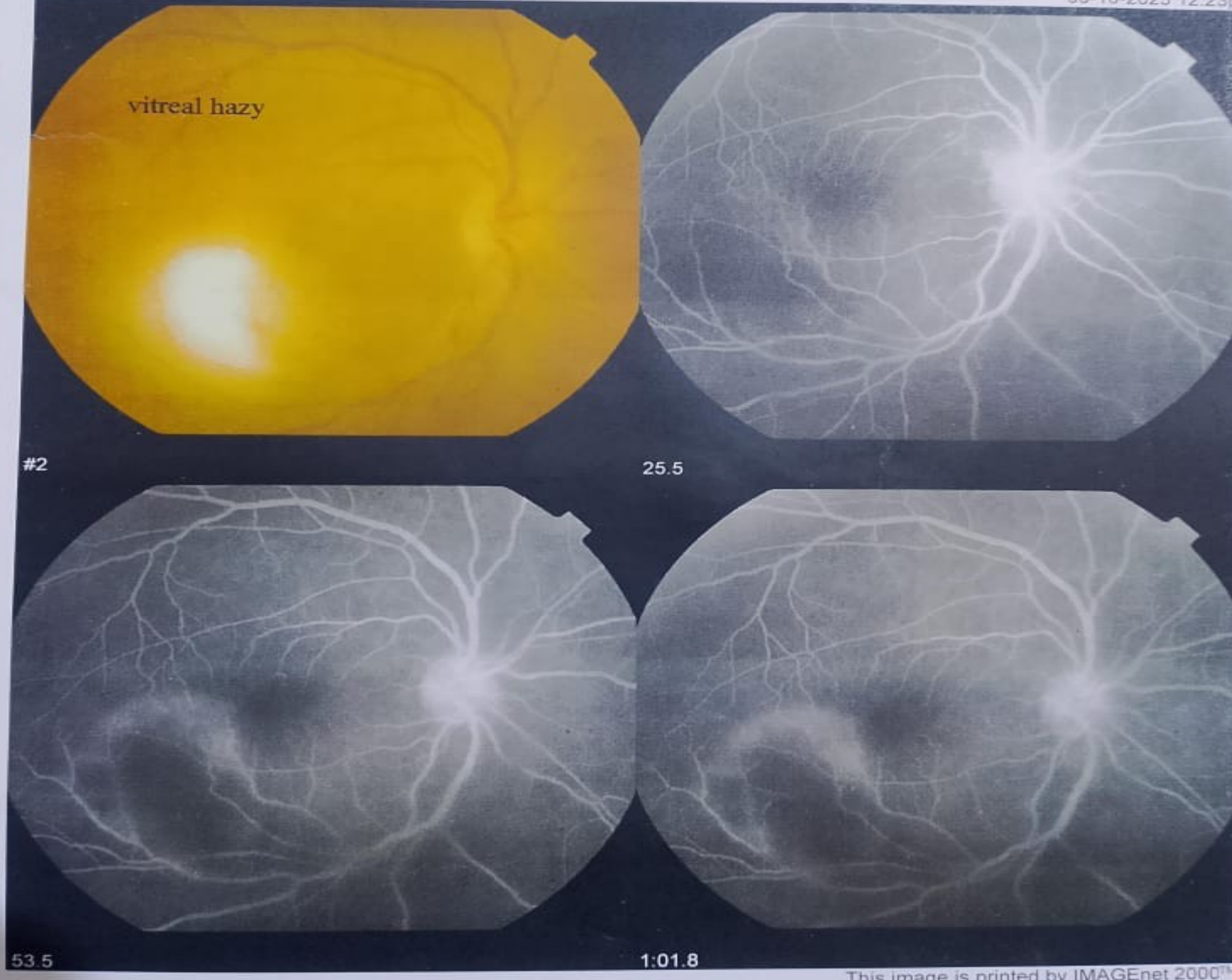
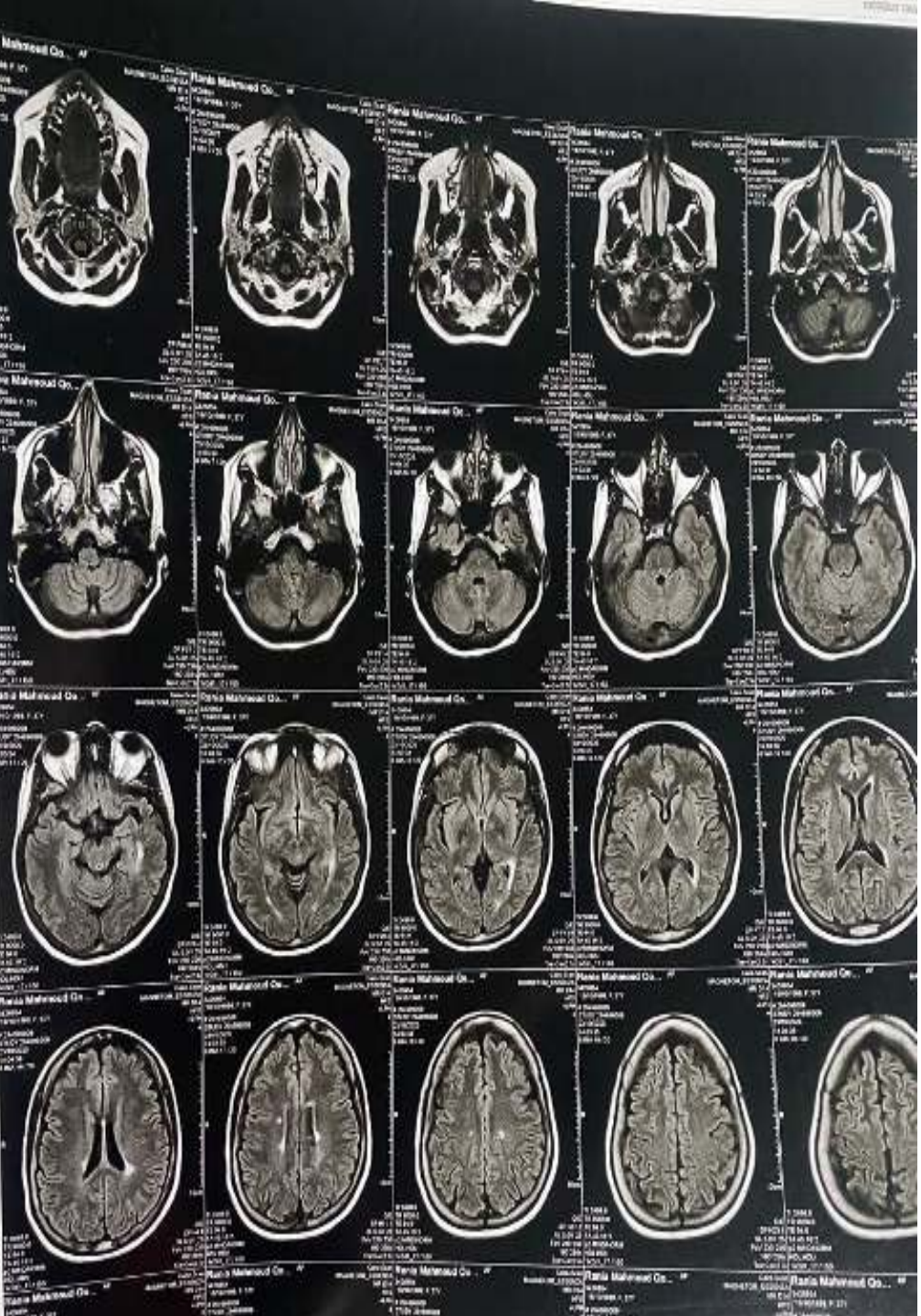
Defining the OCT Revolution





MR EXAMINATION OF THE CERVICAL SPINES

TECHNIQUE:

- Sagittal T1WI, T2WI
- Axial T1WI, T1 and T2WI.
- Post contrast series

MRI FINDINGS:

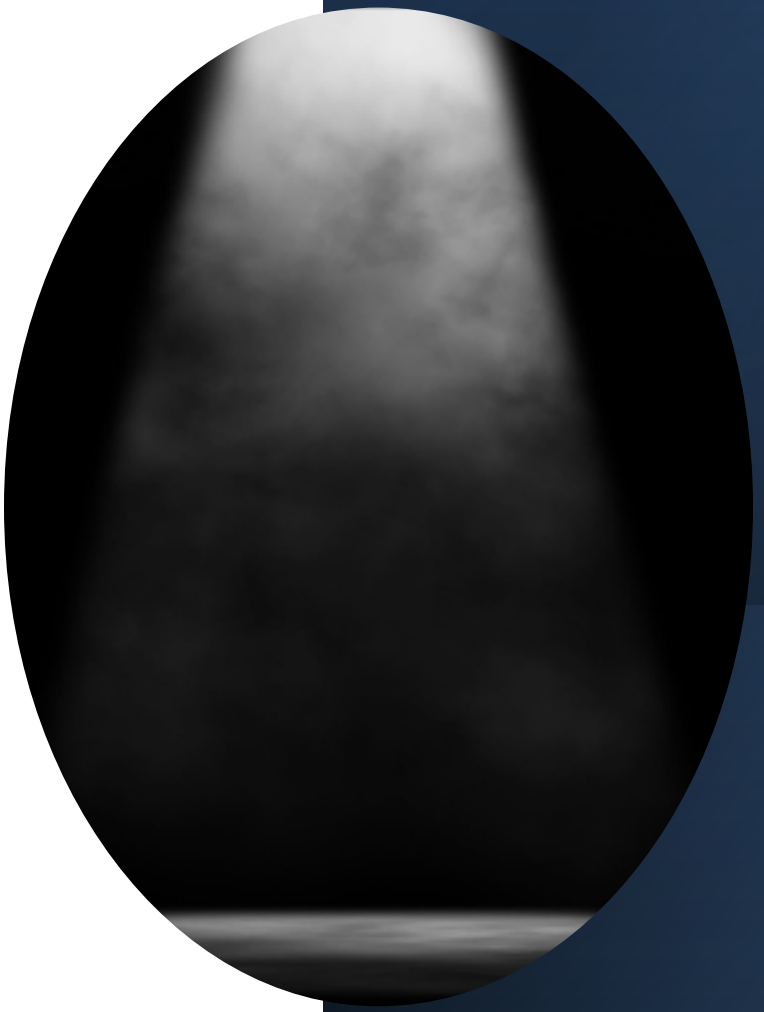
- **Few patches of abnormal cord signal along the cervical cord, all displaying low T1, high T2 signal. They exhibit no significant contrast enhancement**
- **Loss of cervical lorodotic curve denoting neck muscle spasm.**
- No end plate changes.
- Normal neurocentral joints.
- Preserved bright T2 signal of examined cervical discs .
- No significant disc bugle or herniation.
- The vertebral bony structures show normal marrow signal
- No Paraspinal lesions.

OPINION:

-MS plaques are suggested, for clinical and visual evoked potential correlation

Diagnosis

Ocular toxoplasmosis



Treatment Goals

01

Reduce vitritis

02

Stop activity

03

Prevent recurrence

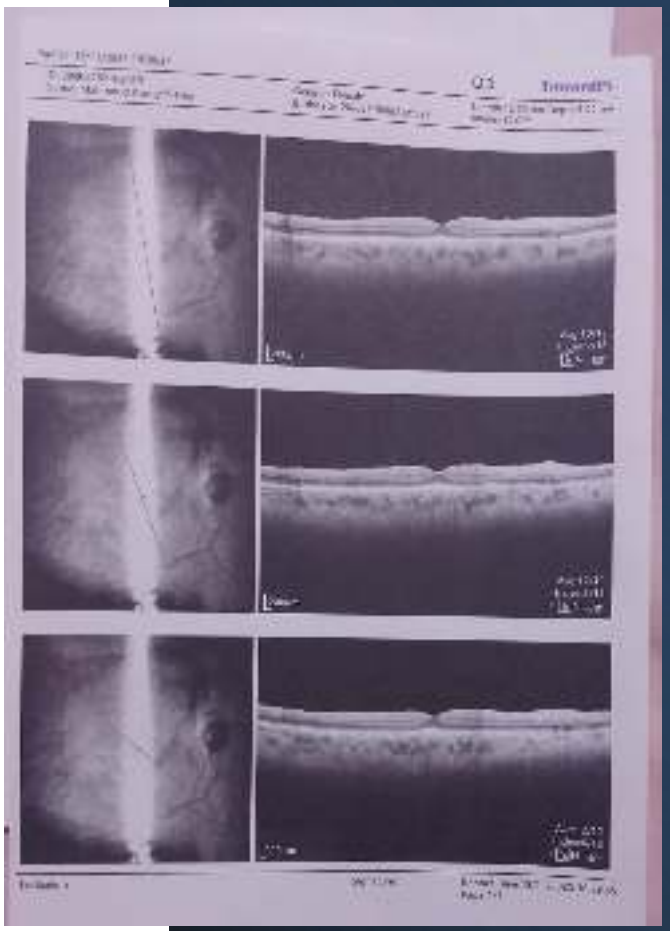
sulfamethoxazole and trimethoprim

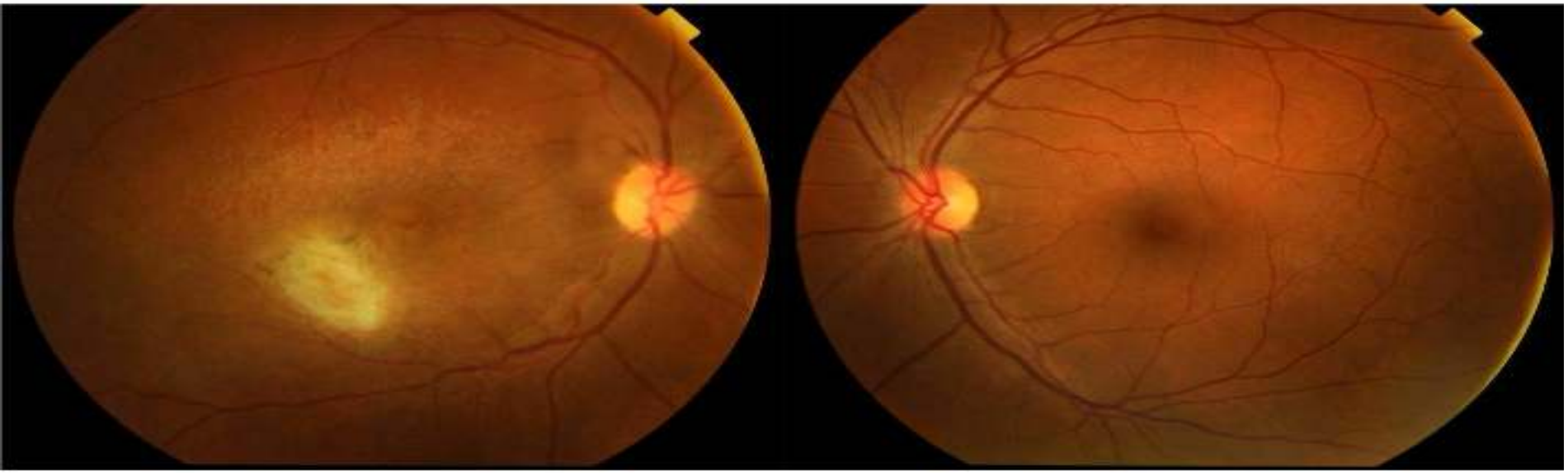
Treatment

- Clindamycin 300mg 4 times a day
- Co-trimoxazole (sulphamethoxazole and trimethoprim) twice daily
- Corticosteroids: Prednisolone 1 mg/kg tapered according to the clinical respose

Follow-Up OCT

- Right ERM, within normal macular thickness, with a localized patch of disorganized inner retinal layer (lower temporal)

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Outcome

- Vitritis resolved
- Vision improved to 6/9 (0.7) in the right eye
- No MS relapse

Evidence: Immunity and Ocular Toxoplasmosis

- Toxoplasma gondii alters host immunity, triggering ocular inflammation.
- Immunosuppression (e.g., MS therapy) unmasks latent infection.
- Not all vision loss in immunosuppressed patients is a relapse—think infection!

Pearl: Always consider infectious causes in immunosuppressed patients with new eye symptoms.

Take-Home

Not all vision loss in MS is a relapse—think beyond demyelination.

Recognize the ‘headlight in the fog’ sign for ocular toxoplasmosis.

Early diagnosis and treatment can save vision.
And do not hesitate to consult your senior


Thank You