Images in Clinical Tropical Medicine
A Case of Optic Nerve Compression Caused by *Angiostrongylus cantonensis*

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A 47-year-old man presented with right-side torso pain and numbness and intermittent fever and was diagnosed with pulmonary infection. However, he reported blurred vision in his right eye during therapy.

Further questioning of the patient about his behavior uncovered that he ate inadequately cooked *Pomacea canaliculata* twice within 54 days. This piece of information, along with the fact that it coincided with an outbreak of angiostrongyliasis in Beijing, brought to our attention the possibility of this disease. Because of this, some related examinations were performed. An investigation based on circulating antigens (CAg) of *Angiostrongylus cantonensis* was positive, orbital computed tomography (CT) scan showed that there was a soft tissue lesion (6.7 × 2.6 mm in size) at the lower part of the right optic nerve sheath (Figure 1), and ocular magnetic resonance imaging (MRI) showed abnormal enhancement of the right ocular nerve sheath (Figure 2). Unfortunately, an orbital CT scan showed that the soft tissue lesion (7 × 2.2 mm in size) remained unchanged (Figure 3) at the 3-month follow-up.

Several treatments have been used in ocular angiostrongyliasis, including surgical removal. In this case, the orbital CT dynamic detections showed that the granuloma was still, indicating that the larva was dead—the patient was therefore not treated with albendazole. Furthermore, the granuloma could not be removed by surgery because of the particular location of infection—this led to an unfortunate lack of visual acuity improvement after treatment.

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