

**DEBATE: OCULAR TOXOPLASMOSIS: SHOULD ALL PATIENTS BE TREATED? – NO**  
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Patients with ocular toxoplasmosis vary in many aspects when they present and are not a homogenous group. The disease can be primary or recurrent, active or quiescent, active near visually significant ocular structures or active in the retinal periphery. Vision may or may not be affected depending on the location of the lesion/s and the complications such as vitritis, macular oedema, retinal detachment (often serous) etc. European or South American ethnicity and likely strain of infecting toxoplasmosis can also impact on treatment decisions from recent evidence presented. Treatment at present is most likely to be a combination of oral steroids and selected antibiotics and the Cochrane review did not find evidence of a good treatment effect of any of the currently available regimens. Newer regimens include intravitreal therapies. Although that does not mean that the treatment given is ineffective we have to consider whether current treatment options affect the criteria we are trying to achieve – reduction of time to resolution of active lesions, reduction of risk of damage to ocular structures and reduced recurrence rate in the future. All of the drugs have side effects and we do not have an optimal time length that treatment if given is needed. Lesions often settle on their own as in systemic disease and often within the eye, the inflammation is self limiting. The balance of side effects of treatment versus treatment effect or lack of, will be debated!

***Useful reference:***

de-la-Torre A, Stanford M, Curi A, Jaffe GJ, Gomez-Marin JE. Therapy for ocular toxoplasmosis. *Ocul Immunol Inflamm*. 2011 Oct;19(5):314-20.