Toxoplasmosis is one of the most common human parasitic infection worldwide. In most adults, it does not cause serious illness, but in immunocompromised individuals, it can cause more severe but also atypical manifestations. We present a patient who complained of progressive vision loss, with newly diagnosed HIV infection, in whom polymerase chain reaction (PCR) of the vitreous humor was a definitive tool to achieve diagnosis.

Case
A 36-year-old woman with newly diagnosed nephropathy presented with a 10-day history of blurry vision and bilateral progressive vision loss. Her only medicine was amiodipine for hypertension.

Social history
The patient, born in Nigeria, arrived in the United States 2 months prior to her admission. She was monogamous with her husband. She denied use of tobacco, alcohol or illicit drugs.

Physical exam
BP 131/74 mmHg. HR 99/min, RR 18/min, temperature 97.5 °F. On ophthalmological exam, her visual acuity was 20/800 in both eyes. Intraocular pressure was normal (17-18 mmHg). Fundoscopic findings are seen in Fig 1A and 2A. She had bilateral pitting edema. The remainder of her physical exam was normal.

Laboratories
Hgb was 6.3 gr/dL, creatinine 13.5 mg/dL and normal electrolytes. Urinalysis showed proteinuria. Serology for HIV was positive with a CD4 count of 17/μL and HIV viral load of 375,000 copies/mL. Head CT showed no evidence of hemorrhage or fluid collection. A lumbar puncture was performed and cerebrospinal fluid analysis was unremarkable. VDRL, Cryptococcus spp antigen, immunoglobulins against Toxoplasma spp, Acid- Fast Bacilli (AFB) smear and fungal and bacterial cultures of the CSF were all negative.

Serum PCR for herpes simplex virus 1 and 2 (HSV 1 and 2), varicella-zoster (VZV) and cytomegalovirus (CMV) were also negative.

Serology for cytomegalovirus IgG (CMV) was positive as well as IgM (but negative IgM) for toxoplasma.