CONGENITAL TOXOPLASMOSIS: A CHALLENGING DIAGNOSIS

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BACKGROUND

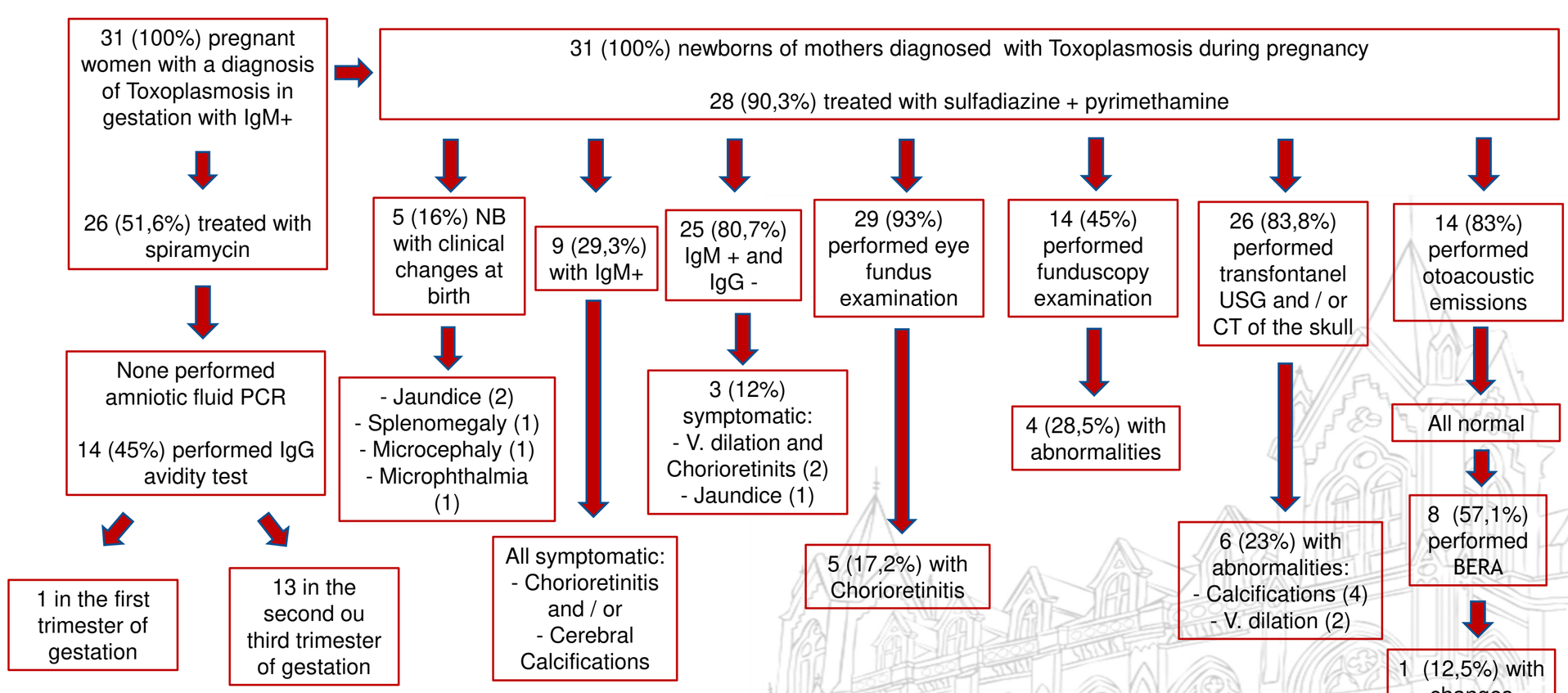
It is estimated that 3 to 20 newborns per 10.000 live births are born with congenital toxoplasmosis. About 70% are asymptomatic, presenting a subclinical infection, though they may develop late sequelae, mainly visual and neurologic manifestations. Spiramycin is used to prevent and reduce vertical transmission. Sulfadiazine and pyrimethamine should be started on any evidence of fetal compromise since they cross the placenta and can minimize further damage to the fetus. We describe data on diagnosis and treatment of toxoplasmosis during pregnancy, as well as clinical and laboratory characteristics of those infants.

METHODS

We ve conducted a retrospective study with infants with suspected or confirmed congenital toxoplasmosis, born between 2014 and 2017, in the pediatric infectious diseases outpatient clinic in our hospital. We evaluated data on maternal infection and clinical and laboratory data of the infants.

RESULTS

Our cohort consisted of 31 infants born to mothers diagnosed with toxoplasmosis during pregnancy. Spiramycin treatment was initiated for 16 (51.6%) women. None had amniocentesis for prenatal diagnosis by PCR. Only 16% of newborns were symptomatic at birth, and only 19.3% had a positive IgM for toxoplasma, all of which presented chorioretinitis and cerebral calcification. Furthermore, 9.5% presented symptoms despite a negative IgM. Among all newborns, 29 (93%) were submitted to fundoscopy (5 chorioretinitis), 14 to lumbar puncture (4 CSF abnormalities), 26 (83%) to neuroimaging (4 calcifications, 2 ventricular dilatation), 14 (45%) to otoacoustic emissions (all normal) and 8 (25%) to BERA (1 auditive deficiency). Eighteen (58%) were treated with sulfadiazine and pyrimethamine.



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