Congenital CMV Retinitis

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Case Report

B s/O B, MCDA twins born at preterm gestation (30 weeks) to Gravida 3 mother with h/o one spontaneous abortion and one intra uterine death at 8 months of GA (G3 P1 A1 D1) on 1/9/20 by LSCS in view of abnormal Doppler study. Antenatally steroids and magnesium sulphate were given.

TWIN 1 - Male baby born at 9.20 am 20 sec with birth weight of 1.1 kg with APGAR: 6/ 10 at 1, 8/ 10 at 5'. Had primary apnoea (HR< 100) for which he was given 1cycle of PPV, following which respiratory efforts and HR improved (>100/min). Baby had mild respiratory distress syndrome requiring CPAP for 1 day. During hospital stay twin 1 had RDS, NNJ, thrombocytopenia without any bleeding manifestations, Anaemia of prematurity. Initial NSG was suggestive of bilateral lateral ventricle dilatation with grade 3 GMH on left side and grade 1 on right side. He had no seizures or neurological deficits. Repeat NSG after 4 days showed decrease in size of GMH. Initially ROP screening showed ROP Zone 2, stage 1 with immature retina.

Twin 2, male baby was born at 9.20 am 58 sec with birth weight 0.98 kg kg with APGAR of 5 and 7 at 1 and 5 minutes, respectively. Baby had respiratory distress following birth, with downes score 4/10. Baby was connected to CPAP- for 1 day in view of mild RDS. During hospital stay twin 2 had RDS, NNJ, thrombocytopenia without any bleeding manifestations, Anaemia of prematurity requiring PRBC transfusion and feed intolerance. Initial ROP screening showed Zone 2 stage one with immature retina and initial NSG showed grade 1 GMH.

Repeat ROP screening done for twin 2 at 4 weeks showed left eye CR patch with ROP zone 3 stage 1. In view of prematurity, low birth weight, with maternal history of abortion, IUD, initial thrombocytopenia, and ophthalmology evaluation suggestive of CR patch, TORCH group of infections were suspected. TORCH profile was sent for Twin 2 which showed CMV IgM positive. It was confirmed by CMV PCR on blood for both twins which turned out to be positive for both twins. Maternal antenatal TORCH screening reports could not be traced. Her CMV PCR was done which turned out to be positive. Parents were counselled regarding the diagnosis of congenital cytomegalovirus infection and need for antiviral treatment with ganciclovir to prevent further complications and also need for regular follow up. PICC line was placed for both babies and they were started on Inj. ganciclovir 6mg/kg IV BD. In view of financial constraints, they were discharged on Inj ganciclovir with PICC line in situ [1-5].

After 21 days at follow up, in view of financial constraints, difficulty in securing IV access and feasibility, ganciclovir was changed to oral valganciclovir which was given further 3 weeks.

Presently both twins are thriving well with weight gain, Hearing-OAE was normal for twin 1 and 2.

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Submitted: 16-02-2021

Accepted: 22-03-2021

Published: 31-03-2021

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