Anterior uveitis and raised intraocular pressure can occur from spillover of inflammation to the anterior segment of the eye. Topical corticosteroids and ocular hypotensive medications are the treatment.

Surgery

Surgery may be needed to treat complications such as retinal detachment, cataract and epiretinal or choroidal neovascular membranes involving the macula.

Recurrences

Following primary infection, recurrences of ocular infection are common. They are managed in the same manner as primary infection. During pregnancy, relapses of ocular infection cannot transmit toxoplasmosis to the fetus.

Prevention

Ensure that fruits and vegetables are cleaned and washed. Cook all meats adequately to destroy any harboured cysts. Pregnant women should avoid cat litter pans. Adequate contraceptive precautions are needed for six months in women of childbearing age following primary toxoplasmosis infection.

Conclusion

Toxoplasmosis is the commonest identifiable cause of posterior uveitis in our community accounting for about 20% of cases. Treatment can control episodes of infection but cannot prevent recurrences.

FURTHER READING

Dodds EM. Ocular toxoplasmosis: Clinical presentations, diagnosis, and therapy. American Academy of Ophthalmology Focal Points 1999: Volume XVII Number 10.

Conflict of interest: none declared

Self-test questions

The following statements are either true or false *(answers on page 99)*

3. Oral corticosteroids should always be used in combination with antibiotics to treat symptomatic ocular toxoplasmosis.
4. All patients who are exposed to *Toxoplasma gondii* should be treated with a combination of antibiotics.

Dental notes

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Consumer Medicine Information: dental requirements

The recommendation made in the 1991 report on the future of drug evaluation in Australia[1], that patient information be provided with all medication, is being implemented. Consumer Medicine Information (CMI) has been developed for almost all drugs in Australia. It is based on the approved product information for each drug.

CMI involves all health professionals.[2] Dentists giving or supplying drugs are required to make CMI available to patients who request it irrespective of the route of administration. In practice, most CMI will be provided by pharmacists. CMI should also be provided for medicines available from supermarkets or other non-pharmacy outlets.

A convention has been developed that dentists advise patients that CMI is available for the drugs they administer and can be provided on request. This includes CMI for local anaesthetics and other drugs given parenterally, for instance intramuscular antibiotics.

In an emergency, for instance treatment of collapse, there is unlikely to be an opportunity to offer or provide CMI before treatment. However, CMI can be made available afterwards.

A CMI supply can be obtained for manufacturers. It is also available in some electronic databases, such as E-MIMS, and to subscribers to the Australian Dental Association web site (www.ada.org.au).

REFERENCES

1. Baume PE. A question of balance: report on the future of drug evaluation in Australia. Canberra: Australian Government Publishing Service; 1991.
2. Dowden JS, Clear PR, Fogg S, Appel S, Joseph P. Consumer product information affects us all. Aust Prescr 1996;19:30-4.