

# OCULOSPORIDIOSIS

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# Oculosporidiosis

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## INTRODUCTION

Oculosporidiosis (ocular rhinosporidiosis) accounts for 15% of cases of rhinosporidiosis, which is a chronic granulomatous disease and is endemic in India and Sri Lanka. In Brazil, the climatic and hydrographic similarities to these endemic areas to an increase in the incidence of rhinosporidiosis.

## CASE REPORT

A 42 old man, rural worker complained of a lot of tumors on the lower right eyelid (Figure 1). Gross examination revealed multiple papillomatous vascularized red lesions on the lower eyelid conjunctiva. Biomicroscopic examination revealed a lot of pedunculated polypoidal lesions pedunculated. Meticulous excision of polyps provides a satisfactory result. Anatomicopathologic examination showed chronic inflammatory reaction (Figure 2) and sporangia with empty young and mature forms (Figure 3).

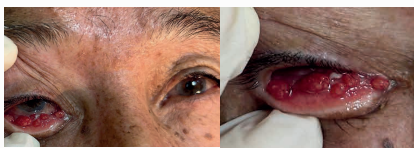


Figure 1. Multiple papillomatous vascularized red lesions on the lower eyelid conjunctiva.

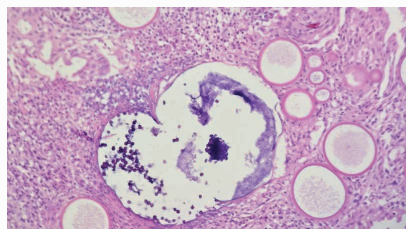


Figure 2. A chronic inflammatory reaction rich in lymphocytes, plasma cells and macrophages in the stroma is observed.

## DISCUSSION

Rhinosporidiosis is a granulomatous disease of the mucous membrane caused by *Rhinosporidium seeberi*, an organism of uncertain taxonomic position, most probably a fungus. It usually infects mucous membrane of the nose and nasopharynx but may infect mucous membrane of all other parts even the skin. Conjunctival rhinosporidiosis has predilection for agriculture workers so that contact with contaminated soil may be the causative factor. The only effective treatment is radical surgical excision followed by thermal and chemical coagulation, nevertheless relapse is the rule rather the exception. No such medical treatment has proved to be effective.

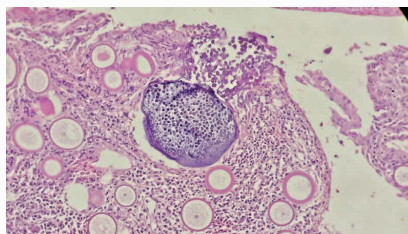


Figure 3. Sporangia with empty young and mature forms. A mature form is full of spores

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