Acute Acquired Toxoplasmosis

Clinical presentation

Acute acquired infection has an incubation period of 3 - 21 days. The infection is asymptomatic in 25% of cases. Apart from lymphadenopathy and retinochoroiditis if symptoms are present they are usually non-specific flu-like symptoms with fever, myalgia, malaise and headache.

Lymphadenopathy, particularly of the cervical nodes is the most common presentation. Characteristically the enlarged nodes are firm, unattached to the overlying skin and initially tender. The lymphadenopathy usually lasts 2 months, but can last more than 6 months in some cases. In many patients the diagnosis of toxoplasmosis is made following a lymph node biopsy for suspected lymphoma. Serological testing to diagnose toxoplasma infection could avoid much anxiety for patients.

Retinochoroiditis is usually the result of reactivated toxoplasma infection but ocular symptoms can be associated with acute acquired toxoplasma infection. In addition outbreaks have been described where patients present with retinitis without chorioretinal scars and serological evidence of acute infection.

Diagnosis

Current toxoplasma infection is indicated by a fourfold increase in dye test titre, an increase in toxoplasma specific IgG or the presence of specific toxoplasma IgM. It is important to remember that negative results do not necessarily exclude current infection. If symptoms are recent specific antibody may be below the threshold of the test giving false negative results. A repeat sample should be tested in 2-3 weeks. This would be particularly important for pregnant women as in UKNEQAS Specimen 4 where failure to diagnose acute acquired toxoplasmosis could have fatal consequences.