

Fungal endophthalmitis: a case report

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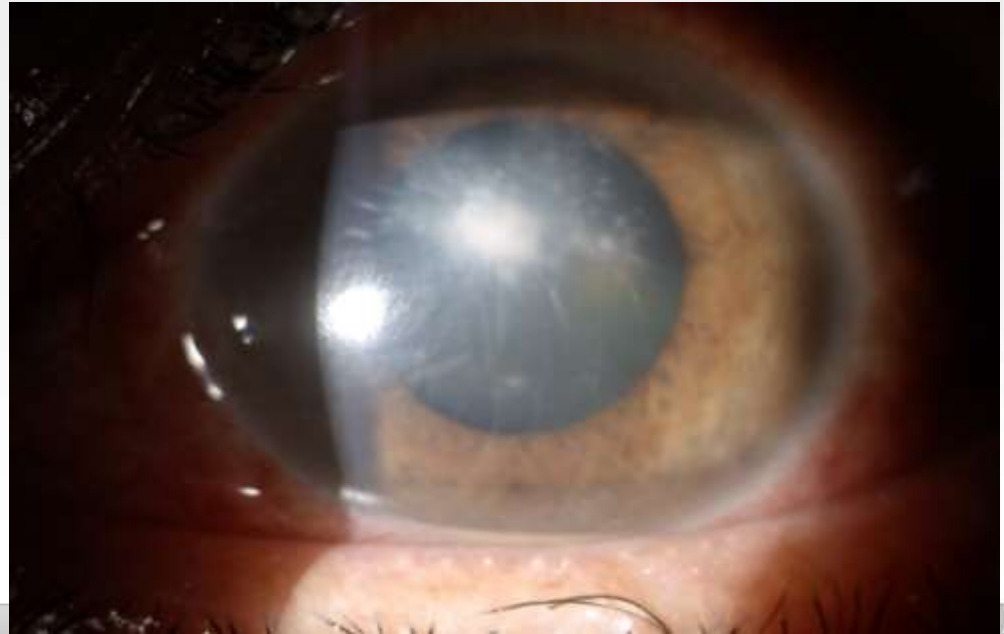
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No conflicts of interest to declare

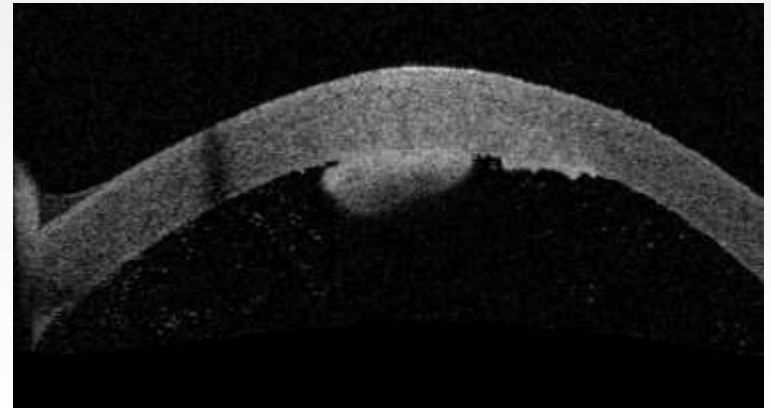
Case presentation

- 64-year old male with blurred vision and ocular pain after an injury with wooden material in OS
- UDVA 4/10, IOP within normal limits
- Slit lamp biomicroscopy: whitish inflammatory lesion with satellite lesions on the cornea with intact epithelium and severe anterior chamber reaction with hypopyon

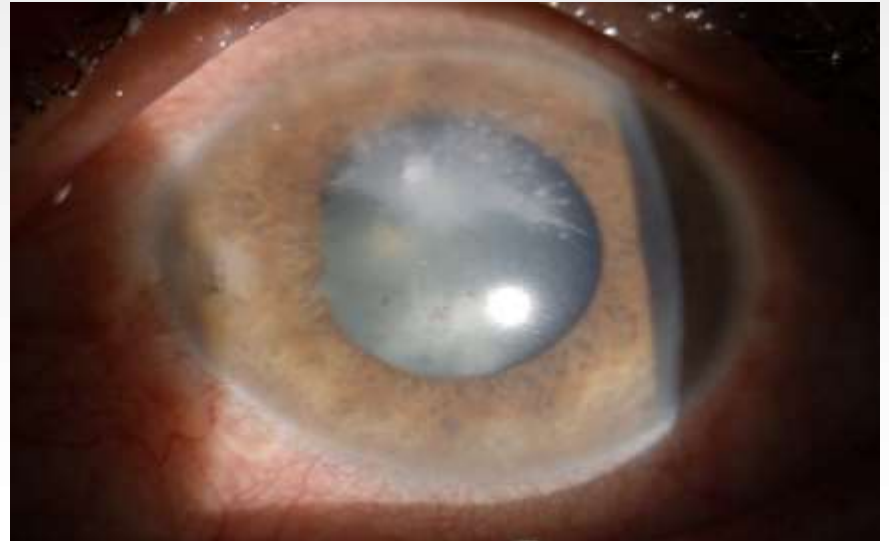


Management and outcome

- Empirical treatment with topical vancomycin and ceftriaxone hourly and cyclopentolate 3 times a day
- Anterior segment optical coherence tomography set the suspicion of corneal endotheliitis, therefore topical amphotericin B 4 times daily was added to the therapeutic scheme

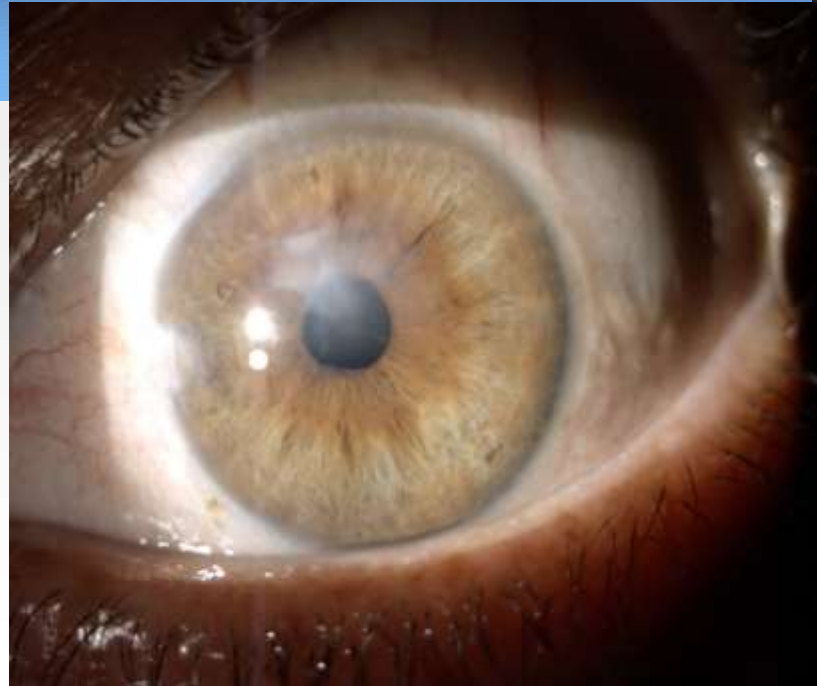


- Improvement of the clinical picture was observed and the patient was discharged with UDVA 6⁺²/10



- 7 days later, the patient presented recurrence of the inflammation with UDVA 2/10 and hypopion
- 4 injections of amphotericin B and 2 injections of Voriconazole in the anterior chamber were administered leading to the improvement of patient's status

- Since then, the patient presented 4 more relapses that were successfully managed with intracameral injections of Voriconazole
- The inflammation was controlled 4 months after the last recurrence, whereas an opacification of the central cornea remained
- 1 year after the initial presentation he underwent to uncomplicated cataract surgery and achieved visual acuity of 10/10



Conclusions and key points

- Isolated corneal endotheliitis is uncommon
- The presence of cotton-wool or snowflake like keratic precipitates and the absence of epithelial defect and stromal infiltration can differentiate it from fungal keratitis
- The injection of antifungal agents to the anterior chamber can offer beneficial results