FUNGAL ENDOPHTHALMITIS

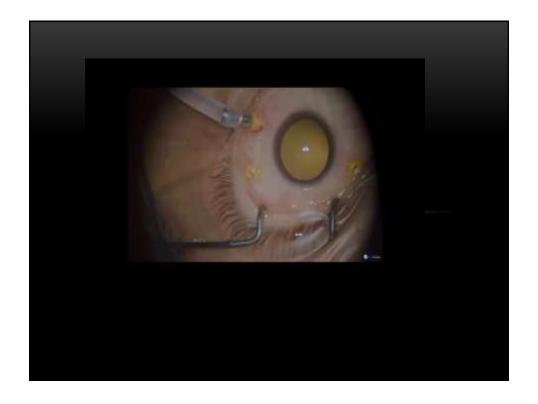
Case presentation By Hany Eid (FRCS) Mahmoud Abdelhafez (M.SC)

- Female patient.
- 40 years old.
- Drop of vision in her left eye after abortion and hospital admission with BCVA 3/60.
- Ciliary injection, corneal endothelial striae, stromal edema, AC cells +3, hypopyon 1mm,clear lens, severe vitritis with condensations.

	ne culture was done with starting topical antifungal (Natamycin 5%) and oral antifungal uconazole) and topical (Moxifloxacin , Atropine,Diklofenac).
• Cu	lture was positive for Candida.
	BACTERIOLOGY REPORT
	Hacteriology
	Fungas Culture
	Biochies Fingal
	Codusts







- Five days post operative vision was CF 30 cm with clear AC and viterous hemorrhage.
- Ten days after vision improved to 0.3 with clear anterior and posterior segments and vitreous culture came positive for Candida Albicans.
- After 2 months UCVA was 0.5 with clear AC, resolved vitreous hemorrhage, no vitritis or new collections.



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Discussion:

Endogenous fungal endophthalmitis (EFE) is a rare intraocular infection that has recently increased in incidence over the last few decades.

The most common causative organism of endogenous endophthalmitis is *Candida albicans*.

Treatment generally is initiated with an antifungal drug systemically and topically, depending on the ocular findings, may also include a vitrectomy with the injection of an intraocular antifungal agent.

Specific predisposing factors may make a patient more at risk for development of an ocular infection like parenteral nutrition, urinary tract infection and indwilling catheter.