

## **Bilateral endogenous candida endophthalmitis following intravenous catheterization in diabetic patients**

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### **Purpose:**

To report the clinical findings and treatment possibilities of diabetic patients with bilateral Endogenous Candida Endophthalmitis.

### **Setting:**

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### **Methods:**

Three diabetic patients presented to us with subacute bilateral diminution of vision. Their mean age was 63 years (ranging from 58 to 68 years old). A detailed medical history was taken together with standard ophthalmic examinations. Blood cultures were prepared from all three patients.

### **Results:**

All of our patients had one known risk factor for the development of ocular fungal infections, which is hospitalization with intravenous catheterization. Two patients had attacks of diabetic ketoacidosis and one patient required cardiac catheterization. Visual acuity at presentation in the six eyes ranged from "hand movement" to 0.1. All patients had iritis, vitritis, and fluffy white granules on the retinal surface. Pars plana vitrectomy (PPV) was performed in all eyes and 5 micrograms of Amphotericin B was instilled into the vitreous cavity at the end of the procedure. In addition, the three patients also received systemic Amphotericin B and were monitored for any drug-related side effects. Blood cultures were found to be positive for candidiasis in the three patients. The final visual acuities improved in five of the six eyes with a mean of five lines.

### **Conclusion:**

Endogenous Candida Endophthalmitis is not uncommon among uncontrolled diabetics with a history of intravenous catheterization. Since treatment can save vision, evidence of intraocular infection should be sought eagerly and promptly managed.

### **Take-home message:**

Endogenous fungal endophthalmitis should be considered in diabetic patients with a history of intravenous catheterization.

