Postoperative endophthalmitis due to burkholderia cepacia in contaminated antiglaucoma eyedrops

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ABSTRACT

Objective: To report a case of contaminated antiglaucoma eyedrops causing postoperative endophthalmitis. Method: a Case report. Results: A 63-year-old gentleman with underlying bilateral eyes primary open-angle glaucoma on three antiglaucoma for six years underwent an uneventful right eye cataract operation. Two weeks postoperatively, he presented with acute right eye reduced vision and pain for two days. His right vision was hand movement with a positive relative afferent pupillary defect. Conjunctiva was injected with chemosis. The cornea was hazy. The anterior chamber was noted with severe inflammation and hypopyon. Fundus was hazy with marked anterior vitreous cells, while B scan showed vitreous loculations. Right eye postoperative acute endophthalmitis was diagnosed, whereby vitreous tap for culture and sensitivity done with injections of antibiotics. Vitreous culture noted grew Burkholderia cepacia on day three which was similar in a culture of patient's dorzolamide and timolol eyedrop, the next day. The culture and sensitivity results revealed that this organism was sensitive to ceftazidime. After two weeks of treatment, right eye vision improved to counting finger 1 feet and vitritis reduced after being treated with intravenous ciprofloxacin, four times intravitreal injections and topical vancomycin and ceftazidime, and newly prescribed antiglaucoma eyedrop. Conclusion: Burkholderia cepacia is found in various aquatic environments. It is a gramnegative, oxidase positive, non-fermentative bacilli that is highly antibiotic resistant. This organism can be found in contaminated antiglaucoma eyedrops and endophthalmitis caused by it can lead to a poor visual outcome. Hence, counselling on handling and usage of antiglaucoma and prescription of new antiglaucoma eyedrops postoperatively is mandatory to prevent endophthalmitis.

KEY WORDS:

Postoperative endophthalmitis, burkholderia cepacia, antiglaucoma eyedrop

48

Rampant steroid usage: Whom to blame?

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ABSTRACT

Objective: To report case series of blinding due to the treatment of red eyes in a young patient. Method: Retrospective case series. Results: 3 medical records of patients were evaluated. Patients' ages were 11,15 and 39 years old. All patients had a history of taking topical steroid over the counter following initial visit to the general practitioner. 2 patients were using steroid for allergic conjunctivitis and 1 patient used for multiple episodes of eye redness. All had been using it for more than a year duration. Presented with advanced glaucoma, legally blind with a constricted visual field. 2 eyes were unable to do visual field due to poor vision (visual acuity: HM and 4/60), 1 eye with 3 quadrant scotoma(6/15), 2 eyes with 2 quadrant scotoma (6/6 and 6/7.5) in 10-2. 2 eyes presented with IOP of more than 30mmHg and 3 eyes with more than 50mmHg. Out of 5 eyes, 3 eyes underwent emergency trabeculectomy and another 2 eyes, the IOP was medically controlled. There was a significant reduction of IOP in both surgical intervention and medical therapy. However, vision remained the same. Conclusion: Prolonged administration of steroid without supervision by an ophthalmologist will result in devastating irreversible eye complication which in these cases involved young patients. The easily accessible of steroid eyedrops from the pharmacy without prescription need to be restrained. Awareness of steroid complication should be enhanced among public and medical caregiver.

KEY WORDS:

Steroid, glaucoma