

More than meets the eye: *Klebsiella* endogenous endophthalmitis due to catheter-related bacteriuria and bacteraemia

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ABSTRACT

Objective: To report a case of a unilateral endogenous endophthalmitis with subretinal abscess due to catheter-related asymptomatic urosepsis. **Method:** Case Report. **Results:** A 76-year-old gentleman with underlying hypertension, ischaemic heart disease and large benign prostatic hypertrophy on long-term bladder catheterisation presented with right sudden painless vision loss for 3 days. He was otherwise generally well. Vision over right eye initially was only light perception, with severe anterior chamber inflammation and dense vitritis, B-scan ultrasound showed dense vitritis with a subretinal abscess. His left pseudophakic eye was unaffected. Systemically he had no fever or tachycardia, and renal punch was negative. Urine bag contained clear straw-coloured urine. Blood investigation did not reveal any leucocytosis, acute renal impairment or raised inflammatory markers. The patient underwent anterior chamber washout, cataract extraction with posterior capsulotomy, pars plana vitrectomy and intravitreal antibiotics with dexamethasone. Intraoperative findings showed dense vitritis, retinitis and subretinal abscess collection. Cultures from the urine, blood and vitreous demonstrated growth of gram-negative bacilli *Klebsiella pneumoniae*. He was started on systemic and topical antibiotics with topical steroid eye drops as well. He subsequently underwent anterior chamber washout, intracameral antibiotics and dexamethasone twice due to a persistence of hypopyon in the anterior chamber with possible spillover from the posterior segment. Vision improved slightly to hand movement. **Conclusion:** A high index of suspicion is required in diagnosing endogenous endophthalmitis in this patient, as he did not exhibit any symptoms of septicaemia or urinary tract infection.

KEY WORDS:

Urosepsis, endophthalmitis, Klebsiella pneumoniae

My cat hurt my eye or did it?

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ABSTRACT

Objective: To report a case of cat scratch disease (ocular bartonellosis) with atypical presentation. **Method:** A 21-year-old woman with underlying hypertension, chronic kidney disease and Hepatitis B, presented with bilateral eye blurring of vision for 2 weeks duration. There were no other associated symptoms. There was, however, a history of contact with a cat. On examination visual acuity was 3/60 over the right eye and 6/60 over the left eye with no relative afferent pupillary defect. Anterior segment of both eyes revealed 1+ anterior chamber cellular reaction with pigments on the lens surface. Fundus examination of the right eye revealed 2+ anterior vitreous cells with blurred optic disc margin, retinal haemorrhage with inferior serous detachment. Left eye fundus examination revealed 2+ anterior vitreous cells, an oedematous optic disc with macula star, retinal haemorrhage with inferior vitreous haemorrhage and inferior serous detachment. Visual field showed bitemporal hemianopia. CT brain done was normal. Further laboratory investigations, IgM and IgG for *Bartonella henselae* confirmed the diagnosis of cat scratch disease. The patient was then commenced on an antibiotic. **Results:** The diagnosis of ocular bartonellosis relies primarily on clinical signs along with positive serological signs. **Conclusion:** Recognizing specific eye manifestations with a high index of suspicion is crucial in making a clinical diagnosis. As the patient had underlying hypertension, a diagnosis of malignant hypertension could not be ruled out. Cat scratch disease-associated ocular complication needs prompt and appropriate treatment as it may be visually blinding.

KEY WORDS:

Cat scratch disease