

A case report of Acanthamoeba keratitis: diagnostic dilemma

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ABSTRACT

Acanthamoeba keratitis (AK) poses a significant diagnostic challenge due to its tendency to mimic other keratitis. This case report highlights the importance of maintaining a high index of suspicion for AK in cases of infective keratitis which responds poorly to treatment. We report a case of AK which initially presented with signs suggestive of viral keratitis. It responded poorly to anti-viral and steroid therapy. Subsequent clinical features mimicked fungal infection with presence of stromal ring infiltrate with feathery edges. Anti-viral treatment was stopped, and anti-fungal treatment was initiated. The clinical suspicion of AK was made based on the presence of disproportional pain, anterior stromal infiltrates, shifting hypopyon and failure to respond to anti-viral and anti-fungal therapy. Anti-acanthamoeba therapy was commenced despite absence of laboratory evidence. Patient responded well to intensive guttae chlorhexidine in combination with anti-viral and anti-fungal therapy. The diagnosis of acanthamoeba keratitis can be easily missed. A high index of suspicion is mandatory to prevent significant visual morbidity.