Successfully treated culture negative bleb-related endophthalmitis

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ABSTRACT

Objective: To illustrate a case of successfully treated culture negative bleb-related endophthalmitis. **Method:** a Case report. **Results:** A 70-year-old lady with background hypertension, chronic kidney disease, bilateral open-angle glaucoma post-trabeculectomy 10 years ago, presented with worsening right eye pain and reduce vision associated with a headache and vomiting for one-week duration. There was no preceding trauma. Examination of the right eye revealed a vision of perception to light, intense conjunctival inflammation, and purulent material over the superonasal bleb with a slow leak at 1 clock hour. There were fibrin and hypopyon in the anterior chamber with an intraocular pressure of 40mmHg. Dense cataract over the affected eye limits fundus view. B-scan showed vitreous loculation. Intravitreal Vancomycin and Ceftazidime were administered and repeated for a total of 3 injections. Intensive topical Moxifloxacin was administered and topical corticosteroid was added later. Intraocular pressure was controlled with oral and topical aqueous suppressants. Vitreous, anterior chamber tap and septic workup showed a negative yield of organism, hence oral clarithromycin was put in on top of oral ciprofloxacin. Two weeks post-treatment, her vision returned to baseline of hand movement, normalised intraocular pressure, contracted hypopyon with resolved bleb abscess and leakage. Repeated B-scan revealed the absence of loculation. **Conclusion:** Bleb-related endophthalmitis is a devastating complication of bleb-related infection. Early and aggressive treatment is crucial to optimise visual recovery and to prevent further extension to the adjacent ocular structure.

KEY WORDS:

Bleb-related endophthalmitis

Surgical approach of congenital sclerocorneal cyst

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ABSTRACT

Objective: Congenital sclerocorneal cyst is rare and various surgical methods have been reported. However, there is no consensus surgical approach for the management of the cyst. **Method:** a Case report. **Results:** Congenital sclerocorneal cyst is caused by the proliferation of corneal epithelial cells within the cornea and scleral stroma during development. The patient is usually treated conservatively. However, surgical intervention is offered when sclerocorneal cyst shows progression and threatens the sight. Various surgical methods have been reported in the literature. However, there is no consensus surgical approach in the management of the cyst. High recurrence rate has been reported after surgical intervention including penetrating keratoplasty. We report a case of an 8-year-old boy, with right eye progressive sclerocorneal cyst threatening his vision. Irrigation of corneoscleral cyst with sterile water and 5-Fluorouracil, curettage, excision of the scleral cyst and scleral patch graft was performed. Three months of post-operative review showed no recurrence of the cyst. **Conclusion:** Irrigation of corneoscleral cyst with sterile water and 5-Fluorouracil, curettage, excision of the scleral cyst and scleral patch graft may provide a good outcome in the treatment of sclerocorneal cyst.

KEY WORDS:

Corneoscleral cyst, 5-Fluorouracil, curettage, excision of scleral cyst, scleral patch