

Q

Infectious keratitis: Short answers

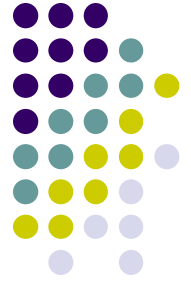


- What is the #1 bacterium in CL-related K ulcer?

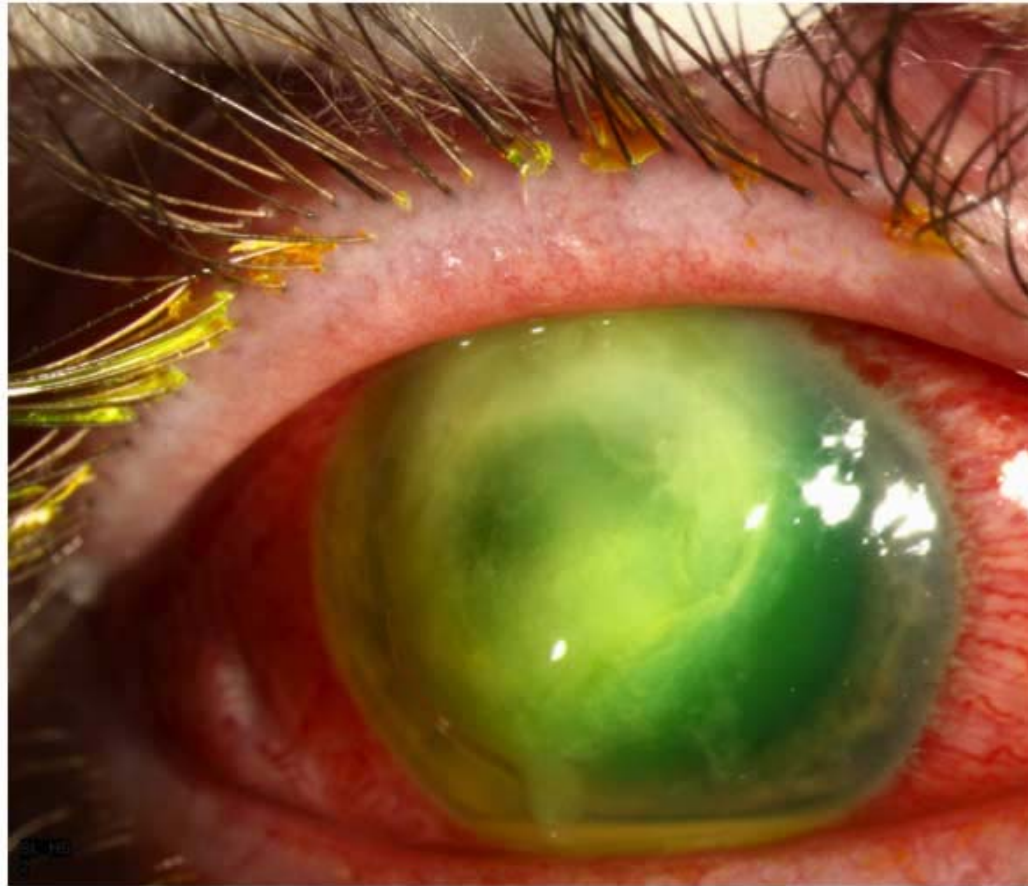
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Infectious keratitis: Short answers

- What is the #1 bacterium in CL-related K ulcer? *Pseudomonas*



Infectious keratitis: Short answers



Pseudomonas corneal ulcer associated with CL wear

Q

Infectious keratitis: Short answers

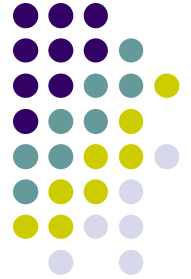
- What is the #1 bacterium in CL-related K ulcer? *Pseudomonas*
- What is the #1 risk factor for *Acanthamoeba* keratitis?



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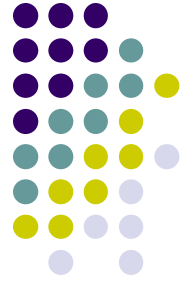


Acanthamoeba keratitis associated with CL wear

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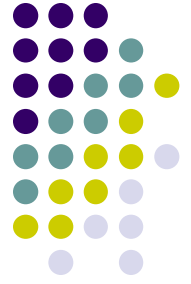
- What is the #1 bacterium in CL-related K ulcer? *Pseudomonas*
- What is the #1 risk factor for *Acanthamoeba* keratitis? **CL wear**
- What are the three main culprits in fungal keratitis?
 - fungus 1
 - fungus 2 **and** fungus 3



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- What is the #1 bacterium in CL-related K ulcer? *Pseudomonas*
- What is the #1 risk factor for *Acanthamoeba* keratitis? **CL wear**
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 - *Candida*
 - *Aspergillus* and *Fusarium*



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 - *Candida*
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In what basic way does Candida differ from Aspergillus/Fusarium?

Q/A

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- What is the #1 risk factor for *Acanthamoeba* keratitis? CL wear
- What are the three main culprits in fungal keratitis?
 - *Candida* → is a...
 - *Aspergillus* and *Fusarium* → are...

In what basic way does *Candida* differ from *Aspergillus*/*Fusarium*?
Candida is a , whereas *Aspergillus* and *Fusarium* are .

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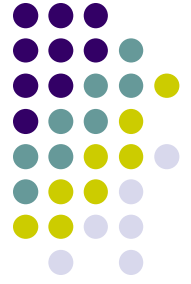


- What is the #1 bacterium in CL-related K ulcer? *Pseudomonas*
- What is the #1 risk factor for *Acanthamoeba* keratitis? **CL wear**
- What are the three main culprits in fungal keratitis?
 - *Candida* → is a...yeast
 - *Aspergillus* and *Fusarium* → are...molds

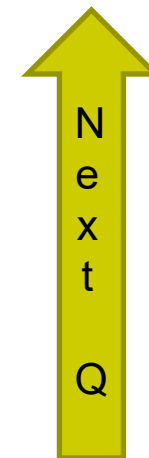
In what basic way does Candida differ from Aspergillus/Fusarium?
Candida is a yeast, whereas *Aspergillus* and *Fusarium* are molds

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Infectious keratitis: Short answers

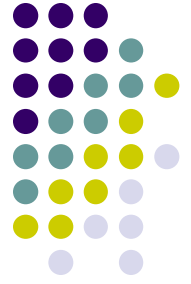


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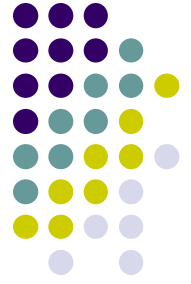
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--*Fusarium* and *Aspergillus*:
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--*Fusarium* and *Aspergillus*: Ketoconazole
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- What role does geography play in fungal keratitis? **bug** **is more common in the South;**
bug **and** **bug** **in the North**

If you want to add a PO antifungal for:
--*Fusarium* and *Aspergillus*: **Ketoconazole**
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(Referring here to the northern and southern United States)

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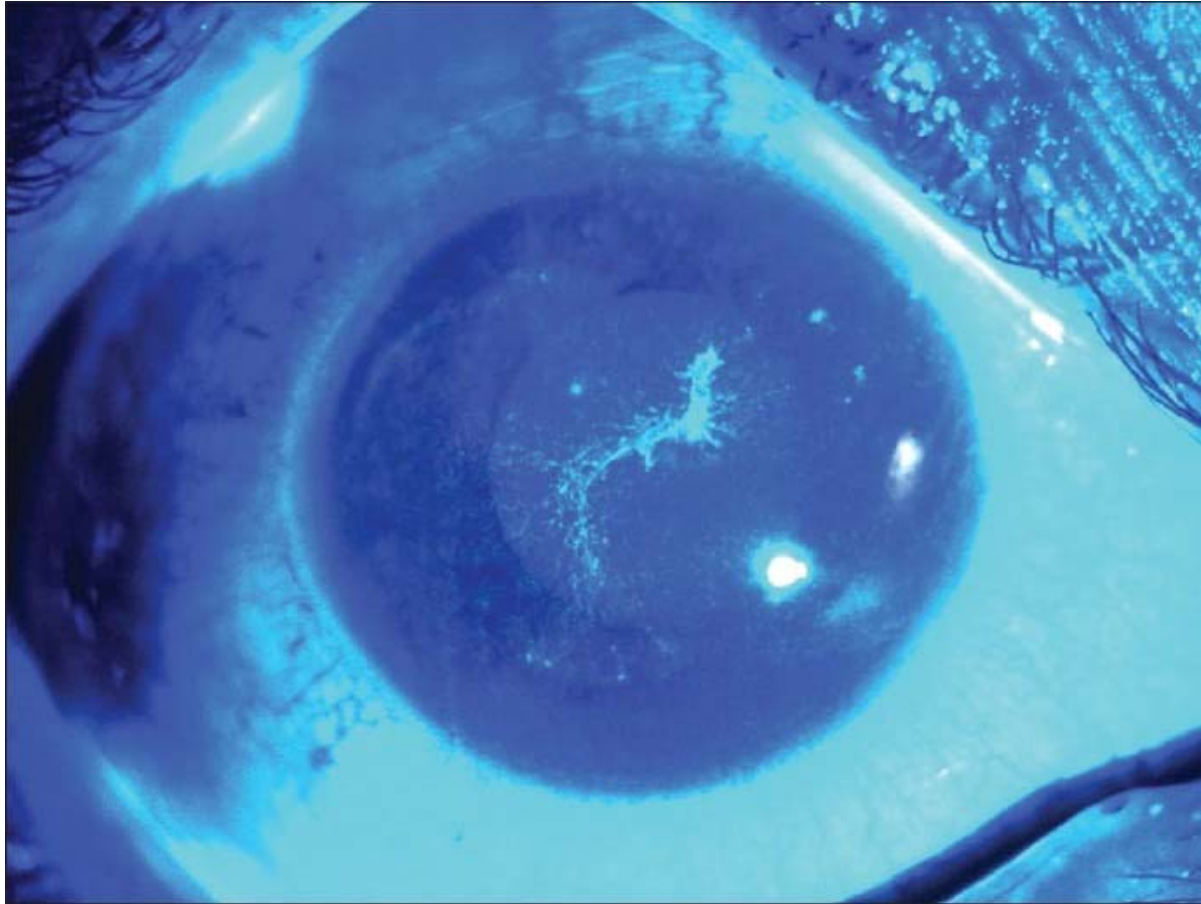
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Infectious keratitis: Short answers



Acanthamoeba: (Pseudo)dendrites



Q

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In what key way might the presenting complaint of an Acanthamoeba keratitis patient differ from that of an HSV keratitis patient?

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*In what key way might the presenting complaint of an *Acanthamoeba* keratitis patient differ from that of an HSV keratitis patient?*

The patient with *Acanthamoeba* keratitis will complain of pain that seems out of proportion to the clinical picture, while the HSV keratitis patient will have **less** pain than would be expected given the appearance of the cornea

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Why is *Acanthamoeba* keratitis exceptionally painful?

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Why is *Acanthamoeba* keratitis exceptionally painful?

Because the bug has a propensity for

two words

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The patient with ***Acanthamoeba* keratitis will complain of pain** that seems out of proportion to the clinical picture, while the HSV keratitis patient will have less pain than would be expected given the appearance of the cornea

*Why is *Acanthamoeba* keratitis exceptionally painful?*
Because the bug has a propensity for perineural invasion

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Why is *Acanthamoeba* keratitis exceptionally painful?

Because the bug has a propensity for perineural invasion, resulting in a condition known as

two words

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Why is *Acanthamoeba* keratitis exceptionally painful?

Because the bug has a propensity for perineural invasion, resulting in a condition known as **radial keratoneuritis**

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In what key way do the dendrites of Acanthamoeba keratitis differ from those of HSV keratitis?

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In what key way do the dendrites of *Acanthamoeba* keratitis differ from those of HSV keratitis? HSV dendrites usually have **two words**, whereas *Acanthamoeba* dendrites don't

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In what key way do the dendrites of Acanthamoeba keratitis differ from those of HSV keratitis? HSV dendrites usually have terminal bulbs, whereas Acanthamoeba dendrites don't

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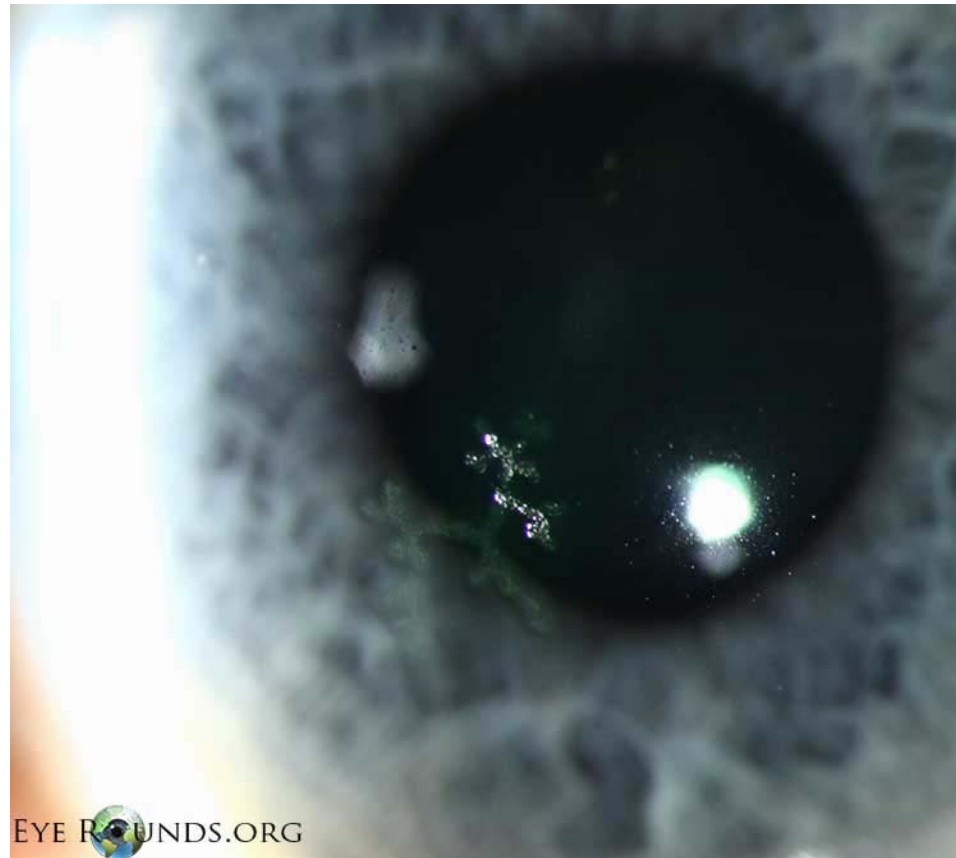
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In what key way do the dendrites of Acanthamoeba keratitis differ from those of HSV keratitis? HSV dendrites usually have terminal bulbs, whereas Acanthamoeba dendrites don't. Be sure to evaluate any dendritic keratitis carefully for the presence/absence of terminal bulbs!



Infectious keratitis: Short answers



HSV dendrites: Terminal bulbs (look carefully)

Q

Infectious keratitis: Short answers



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In fact, topical therapy is often **ineffective** in deep stromal *Acanthamoeba* infections, which may require **PK** (coupled with anti-amoebic meds) to rid the host of infection.

Q

Infectious keratitis: Short answers



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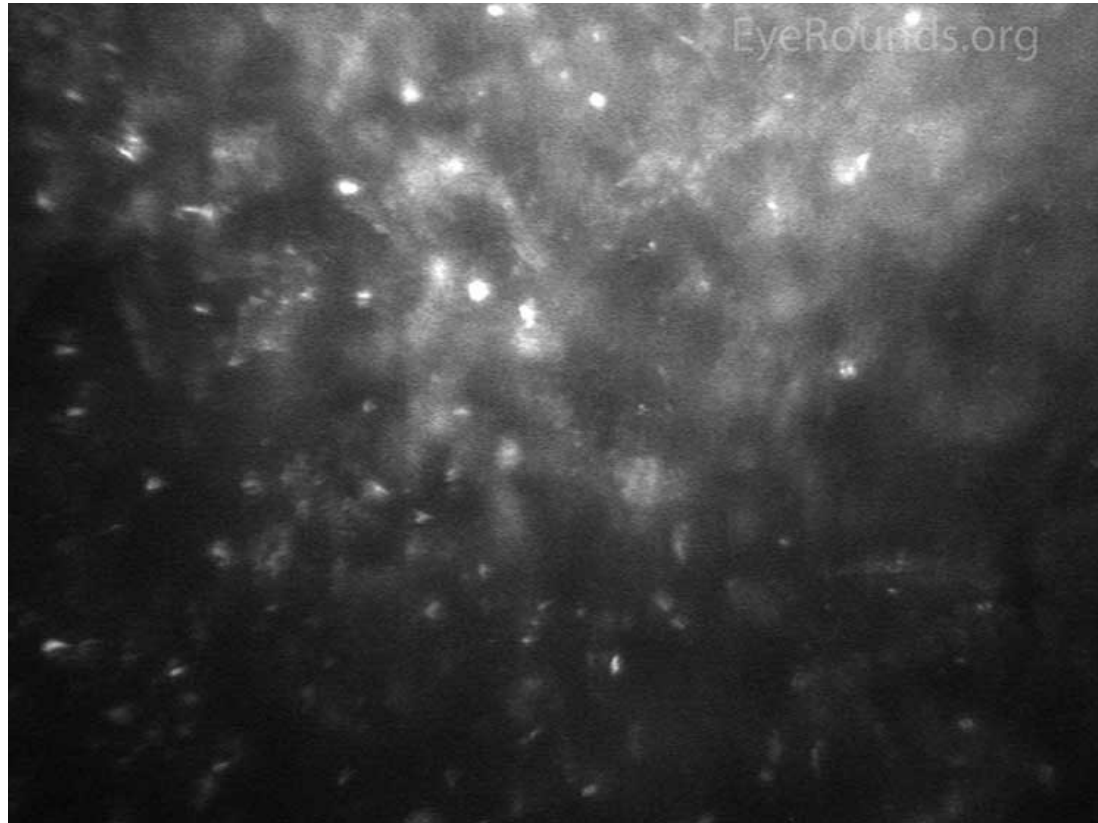
Infectious keratitis: Short answers



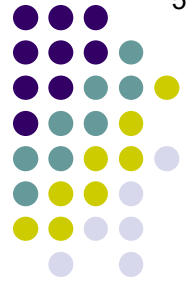
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Infectious keratitis: Short answers



Confocal microscopy demonstrating high-contrast round objects consistent with *Acanthamoeba* cysts (and irregular forms suggestive of *Acanthamoeba* trophozoites)



Q

Infectious keratitis: Short answers



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cu **grazing its way around the plate, in the process leaving **observable trails** in the agar**
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Infectious keratitis: Short answers



Acanthamoeba: Feeding tracks on non-nutrient agar *E coli* plate



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- **You are treating a corneal ulcer with topical antibiotic X. The ulcer seems to be improving, but when the culture & sensitivities report arrives, it indicates that the bug is not susceptible to X. Should you change antibiotics?**
Probably not. Most C&S determinations are based on antibiotic concentrations achievable in **serum** via **systemic** administration, not antibiotic concentrations in the **cornea** achievable via **drops**— which may be vastly higher. Clinical response, not C&S results, is the standard against which corneal ulcer management should be judged.
- **What keratitis bug is the classic association with AIDS? How is it treated? *Microsporidia*. Topical fumagillin**
- What is the treatment for *Acanthamoeba* keratitis? What is the time course? **There are multiple options; a good choice is topical chlorhexidine + propamidine. Epithelial disease can be cured in a mere 3-4 months; stromal disease requires 8-12 months.**
- Which form of infectious keratitis can be diagnosed definitively without stains, culture or biopsy, and how? ***Acanthamoeba* can be diagnosed via confocal in vivo microscopy (cysts will be seen in the stroma)**
- What two slow-growing, fastidious organisms can produce a nonsuppurative infiltrate with intact overlying epithelium? ***Mycobacteria*; α -hemolytic strep (causes crystalline keratopathy)**

If you want to add a PO antifungal for:
--*Fusarium* and *Aspergillus*: Ketoconazole
--*Candida*: Fluconazole