What is the #1 bacterium in CL-related K ulcer?
What is the #1 bacterium in CL-related K ulcer? *Pseudomonas*
Infectious keratitis: Short answers

*Pseudomonas* corneal ulcer associated with CL wear
What is the #1 bacterium in CL-related K ulcer? *Pseudomonas*

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

What is the #1 risk factor for *Acanthamoeba* keratitis? *CL wear*
Acanthamoeba keratitis associated with CL wear
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**
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*
- *Aspergillus* and *Fusarium*
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**
- **Aspergillus** and **Fusarium**

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

**Infectious keratitis: Short answers**

- 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...
  - **Aspergillus** and **Fusarium** are...

*In what basic way does Candida differ from Aspergillus/Fusarium?*  
*Candida* is a [Yeast], whereas *Aspergillus* and *Fusarium* are [Molds].
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*
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? What is the topical antifungal of choice for each?

- *Candida*: Topical…?
- *Aspergillus* and *Candida*
Infectious keratitis: Short answers

- 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? What is the topical antifungal of choice for each?
  - *Candida*: Topical...Ampho B
  - Aspergillus and *Candida*
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? What is the topical antifungal of choice for each?

- *Candida*: Topical...Ampho B
- *Aspergillus* and *Candida*: Topical...?
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? What is the topical antifungal of choice for each?

- **Candida**: Topical...Ampho B
- **Aspergillus** and **Candida**: Topical...Natamycin
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus** and **Candida**: Topical...Natamycin

If you want to add a PO antifungal for:
- *Fusarium* and *Aspergillus*:
  -- **Candida**:
Infectious keratitis: Short answers

- 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? What is the topical antifungal of choice for each?
  - *Candida*: Topical...Ampho B
  - *Aspergillus* and *Candida*: Topical...Natamycin

If you want to add a PO antifungal for:
- *Fusarium* and *Aspergillus*: Ketoconazole
- *Candida*: Fluconazole
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:** Topical...Ampho B  
**Aspergillus** and **Candida:** Topical...Natamycin
What simple maneuver can increase topical antifungal corneal penetrance?

**Infectious keratitis: Short answers**

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

Infectious keratitis: Short answers

- 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? What is the topical antifungal of choice for each?
  - *Candida*: Topical...Ampho B
  - *Aspergillus* and *Candida*: Topical...Natamycin
- What simple maneuver can increase topical antifungal corneal penetrance? *Scrape off the epithelium*

If you want to add a PO antifungal for:
  -- *Fusarium* and *Aspergillus*: Ketoconazole
  -- *Candida*: Fluconazole
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? What is the topical antifungal of choice for each?
- **Candida:** Topical...Ampho B
- **Aspergillus** and **Candida:** Topical...Natamycin
What simple maneuver can increase topical antifungal corneal penetrance? *Scrape off the epithelium*
What role does geography play in fungal keratitis?

If you want to add a PO antifungal for:
- *Fusarium* and *Aspergillus*: Ketoconazole
- *Candida*: Fluconazole
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? **What is the topical antifungal of choice for each?**
- *Candida*: Topical...Ampho B
- *Aspergillus* and *Candida*: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

*(Referring here to the northern and southern United States)*

If you want to add a PO antifungal for:
--*Fusarium* and *Aspergillus*: **Ketoconazole**
--*Candida*: **Fluconazole**
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillis** and **Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

If you want to add a PO antifungal for:
-- *Fusarium* and *Aspergillus*: Ketoconazole
-- *Candida*: Fluconazole
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus** and **Candida**: Topical...Natamycin
What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**
What role does geography play in fungal keratitis? **Fusarium** is more common in the South; **Aspergillus** and **Candida** in the North
What is the most common misdiagnosis of early *Acanthamoeba* keratitis?

---

If you want to add a PO antifungal for:
--**Fusarium** and **Aspergillus**: Ketoconazole
--**Candida**: Fluconazole
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? What is the topical antifungal of choice for each?

- *Candida*: Topical...Ampho B
- *Aspergillus* and *Candida*: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? Scrape off the epithelium

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? HSV keratitis.

If you want to add a PO antifungal for:
-- *Fusarium* and *Aspergillus*: Ketoconazole
-- *Candida*: Fluconazole
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? What is the topical antifungal of choice for each?
- **Candida**: Topical…Ampho B
- **Aspergillus** and **Candida**: Topical…Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis**
**Infectious keratitis: Short answers**

- 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? What is the topical antifungal of choice for each?
  - *Candida*: Topical...Ampho B
  - *Aspergillus* and *Candida*: Topical...Natamycin
- What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**
- What role does geography play in fungal keratitis? ***Fusarium* is more common in the South; *Aspergillus* and *Candida* in the North**
- What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear**

If you want to add a PO antifungal for:
- *Fusarium* and *Aspergillus*: Ketoconazole
- *Candida*: Fluconazole
Acanthamoeba: (Pseudo)dendrites
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus and Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis**. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

In what key way might the presenting complaint of an *Acanthamoeba* keratitis patient differ from that of an HSV keratitis patient?
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus** and **Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

What role does geography play in fungal keratitis? **Fusarium** is more common in the South; **Aspergillus** and **Candida** in the North.

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis**. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear.

**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.
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus** and **Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis**.

Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

---

**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

---

**Why is Acanthamoeba keratitis exceptionally painful?**

Because the bug has a propensity for perineural invasion, resulting in a condition known as **radial keratoneuritis**.
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? What is the topical antifungal of choice for each?

- **Candida**: Topical...Ampho B
- **Aspergillus** and **Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis**.

Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear.

---

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.

---

**Why is Acanthamoeba keratitis exceptionally painful?**

Because the bug has a propensity for **two words**
Infectious keratitis: Short answers

- 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? What is the topical antifungal of choice for each?
  - *Candida*: Topical...Ampho B
  - *Aspergillus* and *Candida*: Topical...Natamycin
- What simple maneuver can increase topical antifungal corneal penetrance? Scrape off the epithelium
- What role does geography play in fungal keratitis? *Fusarium* is more common in the South; *Aspergillus* and *Candida* in the North
- What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? HSV keratitis. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

**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

**Why is *Acanthamoeba* keratitis exceptionally painful?**
Because the bug has a propensity for perineural invasion
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? What is the topical antifungal of choice for each?
- Candida: Topical...Ampho B
- Aspergillus and Candida: Topical...Natamycin
What simple maneuver can increase topical antifungal corneal penetrance? Scrape off the epithelium
What role does geography play in fungal keratitis? Fusarium is more common in the South; Aspergillus and Candida in the North
What is the most common misdiagnosis of early Acanthamoeba keratitis? Why? HSV keratitis. Early Acanthamoeba keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

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

Why is Acanthamoeba keratitis exceptionally painful? Because the bug has a propensity for perineural invasion, resulting in a condition known as radial keratoneuritis.
Infectious keratitis: Short answers

- 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? What is the topical antifungal of choice for each?
  - **Candida**: Topical...Ampho B
  - **Aspergillis and Candida**: Topical...Natamycin
- What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**
- What role does geography play in fungal keratitis? **Fusarium** is more common in the South; **Aspergillis and Candida** in the North
- What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis**. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

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

Why is *Acanthamoeba* keratitis exceptionally painful? Because the bug has a propensity for perineural invasion, resulting in a condition known as **radial keratoneuritis**
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus** and **Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis.** Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

In what key way do the dendrites of *Acanthamoeba* keratitis differ from those of HSV keratitis?
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus** and **Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early Acanthamoeba keratitis? Why? **HSV keratitis**. Early Acanthamoeba keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

**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

If you want to add a PO antifungal for:  
-- **Fusarium** and **Aspergillus**: Ketoconazole  
-- **Candida**: Fluconazole
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? What is the topical antifungal of choice for each?

- **Candida**: Topical...Ampho B
- **Aspergillus and Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early **Acanthamoeba** keratitis? Why? **HSV keratitis**. Early **Acanthamoeba** keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

**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
What is the #1 bacterium in CL-related K ulcer? \textit{Pseudomonas}

What is the #1 risk factor for \textit{Acanthamoeba} keratitis? \textit{CL wear}

What are the three main culprits in fungal keratitis? What is the topical antifungal of choice for each?

- \textit{Candida}: Topical...Ampho B
- \textit{Aspergillus} and \textit{Candida}: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? \textbf{Scrape off the epithelium}

What role does geography play in fungal keratitis? \textit{Fusarium} is more common in the South; \textit{Aspergillus} and \textit{Candida} in the North

What is the most common misdiagnosis of early \textit{Acanthamoeba} keratitis? Why? \textbf{HSV keratitis. Early \textit{Acanthamoeba} keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear}

\textbf{In what key way do the dendrites of \textit{Acanthamoeba} keratitis differ from those of \textit{HSV} keratitis?} \textit{HSV} dendrites usually have terminal bulbs, whereas \textit{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)
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? What is the topical antifungal of choice for each?
- **Candida**: Topical…Ampho B
- **Aspergillus** and **Candida**: Topical…Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis**. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

What keratitis bug is the classic association with AIDS?
**Infectious keratitis: Short answers**

- 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? What is the topical antifungal of choice for each?
  - *Candida*: Topical…Ampho B
  - *Aspergillus* and *Candida*: Topical…Natamycin
- What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**
- What role does geography play in fungal keratitis? *Fusarium* is more common in the South; *Aspergillus* and *Candida* in the North
- What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis.** Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear
- What keratitis bug is the classic association with AIDS? **Microsporidia**

If you want to add a PO antifungal for:
-- *Fusarium* and *Aspergillus*: Ketoconazole
-- *Candida*: Fluconazole
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus and Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis.** Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

What keratitis bug is the classic association with AIDS? **How is it treated? Microsporidia**
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus and Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? Scrape off the epithelium

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? HSV keratitis. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

What keratitis bug is the classic association with AIDS? How is it treated? *Microsporidia*. Topical fumagillin

If you want to add a PO antifungal for:
- *Fusarium* and *Aspergillus*: Ketoconazole
- *Candida*: Fluconazole
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus** and **Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis.** Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

What keratitis bug is the classic association with AIDS? How is it treated? **Microsporidia. Topical fumagillin**

What is the treatment for *Acanthamoeba* keratitis?
**Infectious keratitis: Short answers**

- 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? **What is the topical antifungal of choice for each?**
  - *Candida*: Topical...Ampho B
  - *Aspergillus* and *Candida*: Topical...Natamycin
- What simple maneuver can increase topical antifungal corneal penetration? **Scrape off the epithelium**
- What role does geography play in fungal keratitis? **Fusarium** is more common in the South; **Aspergillus** and **Candida** in the North
- What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis.** Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear
- What keratitis bug is the classic association with AIDS? How is it treated? **Microsporidia. Topical fumagillin**
- What is the treatment for *Acanthamoeba* keratitis? **There are multiple options; a good choice is topical chlorhexidine + propamidine.**

If you want to add a PO antifungal for:
--- *Fusarium* and *Aspergillus*: Ketoconazole
--- *Candida*: Fluconazole
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? What is the topical antifungal of choice for each?
- **Candida**: Topical…Ampho B
- **Aspergillus** and **Candida**: Topical…Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis**. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

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.

If you want to add a PO antifungal for:
- **Fusarium** and **Aspergillus**: **Ketoconazole**
- **Candida**: **Fluconazole**
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus** and **Candida**: Topical...Natamycin
What simple maneuver can increase topical antifungal corneal penetrance? *Scrape off the epithelium*
What role does geography play in fungal keratitis? *Fusarium* is more common in the South; *Aspergillus* and *Candida* in the North
What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? *HSV keratitis*. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear
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.
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- **Aspergillus and Candida**: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis**. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

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**.

In fact, topical therapy is often **ineffective** in deep stromal *Acanthamoeba* infections, which may require **PK** (coupled with antiamoebic meds) to rid the host of infection.
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? What is the topical antifungal of choice for each?
- *Candida*: Topical...Ampho B
- *Aspergillus* and *Candida*: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? *Scrape off the epithelium*

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? *HSV keratitis.* Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

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?

---

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

**Infectious keratitis: Short answers**

- 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? **What is the topical antifungal of choice for each?**
  - *Candida*: Topical...Ampho B
  - *Aspergillus* and *Candida*: Topical...Natamycin
- What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**
- What role does geography play in fungal keratitis? **Fusarium** is more common in the South; **Aspergillus** and **Candida** in the North
- What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? **HSV keratitis.** Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear
- 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)
Confocal microscropy demonstrating high-contrast round objects consistent with *Acanthamoeba* cysts (and irregular forms suggestive of *Acanthamoeba* trophozoites)
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? CL wear
- What are the three main culprits in fungal keratitis? What is the topical antifungal of choice for each?
  - *Candida*: Topical...Ampho B
  - *Aspergillus* and *Candida*: Topical...Natamycin
- What simple maneuver can increase topical antifungal corneal penetrance? Scrape off the epithelium
- What role does geography play in fungal keratitis? *Fusarium* is more common in the South; *Aspergillus* and *Candida* in the North
- What is the most common misdiagnosis of early *Acanthamoeba* keratitis? HSV keratitis. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear
- What is the most common misdiagnosis of early *Acanthamoeba* keratitis? HSV keratitis. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear
- What 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)

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

What medium is used when culturing for *Acanthamoeba*?
Infectious keratitis: Short answers

- 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? What is the topical antifungal of choice for each?
  - *Candida*: Topical...Ampho B
  - *Aspergillus* and *Candida*: Topical...Natamycin
- What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**
- What role does geography play in fungal keratitis?  *Fusarium* is more common in the South; *Aspergillus* and *Candida* in the North
- What is the most common misdiagnosis of early *Acanthamoeba* keratitis? **HSV keratitis. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear**
- 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)**

If you want to add a PO antifungal for:

---Fusarium and Aspergillus: Ketoconazole
---Candida: Fluconazole
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? What is the topical antifungal of choice for each?
- *Candida*: Topical...Ampho B
- *Aspergillus* and *Candida*: Topical...Natamycin

What simple maneuver can increase topical antifungal corneal penetrance? *Scrape off the epithelium*

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? *HSV keratitis*. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear.

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? *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)
Infectious keratitis: Short answers

- 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? What is the topical antifungal of choice for each?
  - **Candida**: Topical...Ampho B
  - **Aspergillus** and **Candida**: Topical...Natamycin
- What simple maneuver can increase topical antifungal corneal penetrance? **Scrape off the epithelium**
- What role does geography play in fungal keratitis? **Fusarium** is more common in the South; **Aspergillus** and **Candida** in the North
- What is the most common misdiagnosis of early **Acanthamoeba** keratitis? **HSV keratitis**. Early **Acanthamoeba** keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear
- 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)

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

*Acanthamoeba*: Feeding tracks on non-nutrient agar *E coli* plate
Infectious keratitis: Short answers

- 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? What is the topical antifungal of choice for each?
  - *Candida*: Topical... Ampho B
  - *Aspergillus* and *Candida*: Topical... Natamycin
- What simple maneuver can increase topical antifungal corneal penetrance? Scrape off the epithelium
- What role does geography play in fungal keratitis? *Fusarium* is more common in the South; *Aspergillus* and *Candida* in the North
- What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? HSV keratitis. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear
- 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?
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? What is the topical antifungal of choice for each?
- *Candida*: Topical...Ampho B
- *Aspergillus* and *Candida*: Topical...Natamycin
What simple maneuver can increase topical antifungal corneal penetrance? *Scrape off the epithelium*
What role does geography play in fungal keratitis? *Fusarium* is more common in the South; *Aspergillus* and *Candida* in the North
What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Why? *HSV keratitis.* Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear
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)
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? What is the topical antifungal of choice for each?
- **Candida:** Topical...Ampho B
- **Aspergillis and Candida:** Topical...Natamycin

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? Only late does a ring infiltrate appear;

*Microsporidia*. Topical **fumagillin**

What keratitis bug is the classic association with AIDS? **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)
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? What is the topical antifungal of choice for each?
- **Candida**: Topical...Ampho B
- *Aspergillus* and *Candida*: Topical...Natamycin

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

What is the most common misdiagnosis of early *Acanthamoeba* keratitis? HSV keratitis. Early *Acanthamoeba* keratitis is limited to the epithelium and is very often dendritic in appearance; only late does a ring infiltrate appear

What keratitis bug is the classic association with AIDS? 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)
Infectious keratitis: Short answers

- 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? What is the topical antifungal of choice for each?
  - *Candida*: Topical...Ampho B
  - *Aspergillus* and *Candida*: Topical...Natamycin
- **If you want to add a PO antifungal for:**
  -- *Fusarium* and *Aspergillus*: Ketoconazole
  -- *Candida*: Fluconazole

**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)