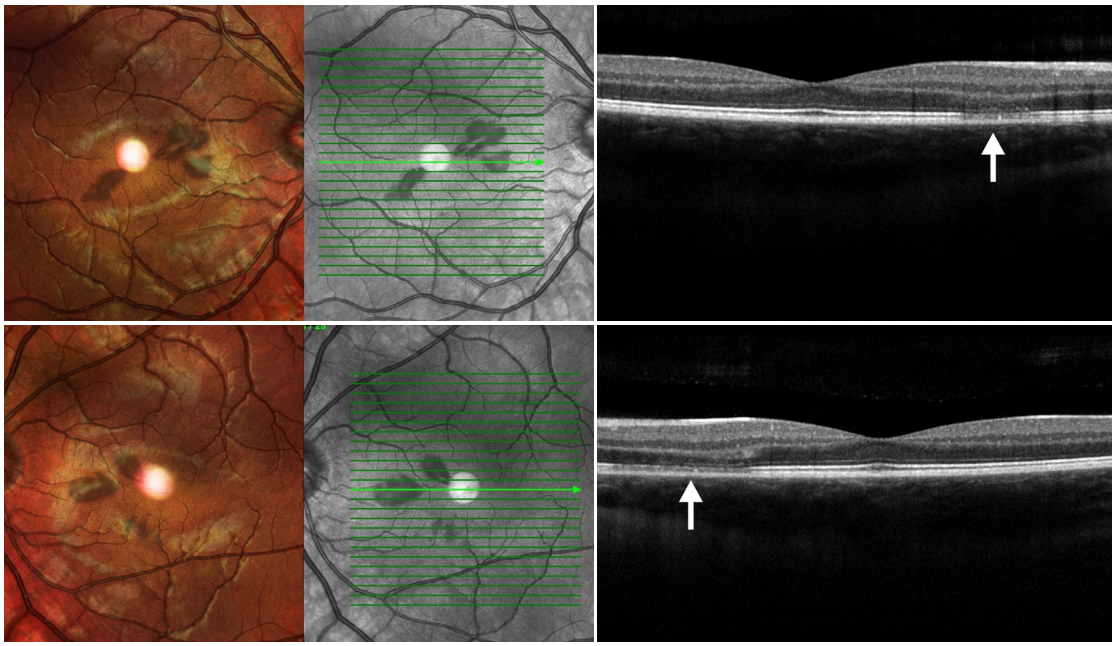
MYSTERY IMAGE

BLINK



Joana Roque, MD, Hospital Prof. Doutor Fernando Fonseca, Lisbon, Portugal.

WHAT IS THIS MONTH'S MYSTERY CONDITION? *Visit aao.org/eyenet to make your diagnosis in the comments.*

LAST MONTH'S BLINK

Infectious Scleritis

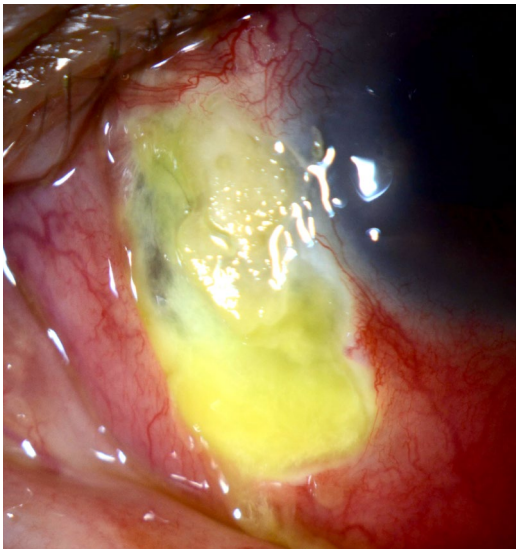
A 73-year-old man presented with two weeks of pain in his left eye, which had not improved on topical antibiotics. He had a past ocular history of pterygium surgery in both eyes about five years ago, and mitomycin-C (MMC) was used intraoperatively during the surgery.

Best-corrected visual acuity was 20/400 in the left eye. Slit-lamp examination revealed a large area of scleral thinning and necrosis nasally. The patient was admitted for broad-spectrum IV and topical antibiotics. Cultures were performed, which grew *Pseudomonas*. The patient was taken to the operating room one day after admission for surgical debridement, patch grafting using Amnio-Guard (Biotissue), and multilayered amniotic membrane transplantation. He was continued on oral and topical antibiotics, and the infection resolved over the coming weeks.

Less than 10% of cases of scleritis are due to an infection, and *Pseudomonas* is the most common infectious etiology.[1] One risk factor for this condition is prior pterygium surgery, especially with excessive cautery or use of MMC.

1 Ramenaden ER, Raiji VR. *Clin Ophthalmol.* 2013;7:2113-2122.

WRITTEN AND PHOTOGRAPHED BY **ZEBA A. SYED, MD,** WILLS EYE HOSPITAL, PHILADELPHIA.



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