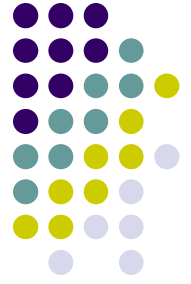
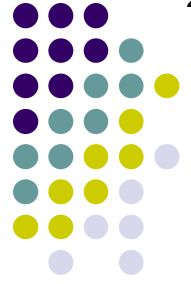


Q



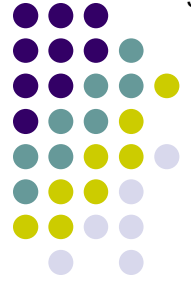
- **Post-Traumatic Endophthalmitis**

- Develops in about of penetrating trauma cases



A

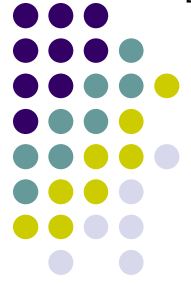
- **Post-Traumatic Endophthalmitis**
 - Develops in about 5% of penetrating trauma cases



Q

● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - present

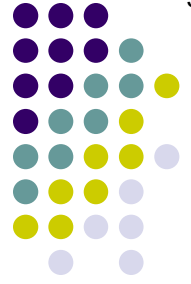


A

● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present

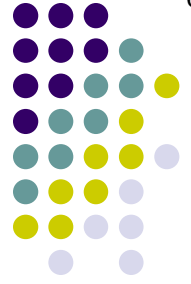
(IOFB = intraocular foreign body)



Q

● Post-Traumatic Endophthalmitis

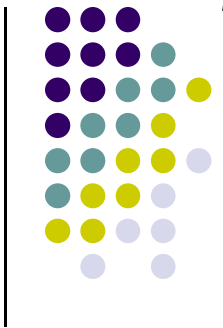
- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - geography setting



A

● Post-Traumatic Endophthalmitis

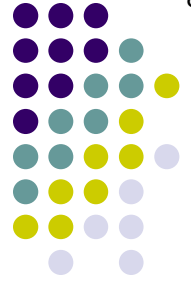
- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting



Q

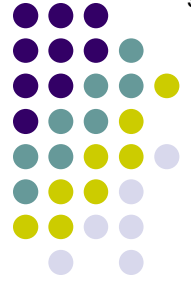
● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to



A

- **Post-Traumatic Endophthalmitis**
 - Develops in about 5% of penetrating trauma cases
 - Increased risk if:
 - IOFB present
 - Rural setting
 - 25% are due to *Bacillus cereus*

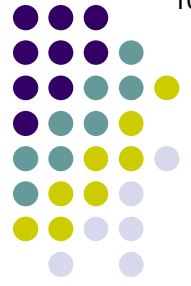


Q

● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to **Bacillus cereus**

In terms of its basic microbiological properties, how is B cereus described?

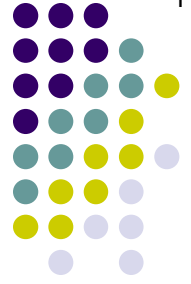


A

● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to ***Bacillus cereus***

In terms of its basic microbiological properties, how is B cereus described?
It is a G+ rod



Q

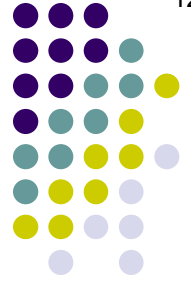
● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to **Bacillus cereus**

In terms of its basic microbiological properties, how is B cereus described?

It is a G+ rod

Along with Clostridium species (another medically important genera of G+ rods), what unique property does B cereus possess?



A

- **Post-Traumatic Endophthalmitis**
 - Develops in about **5%** of penetrating trauma cases
 - Increased risk if:
 - **IOFB** present
 - **Rural** setting
 - 25% are due to ***Bacillus cereus***

In terms of its basic microbiological properties, how is B cereus described?

It is a G+ rod

Along with Clostridium species (another medically important genera of G+ rods), what unique property does B cereus possess?

It forms spores. (Don't roll your eyes; this could be an important clue on an exam!)



Q

● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to **Bacillus cereus**

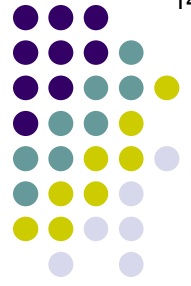
In terms of its basic microbiological properties, how is B cereus described?

It is a G+ rod

Along with Clostridium species (another medically important genera of G+ rods), what unique property does B cereus possess?

It forms spores. (Don't roll your eyes; this could be an important clue on an exam!)

You encountered B cereus in med school as a cause of what unpleasant-but-transient condition?



A

- **Post-Traumatic Endophthalmitis**
 - Develops in about **5%** of penetrating trauma cases
 - Increased risk if:
 - **IOFB** present
 - **Rural** setting
 - 25% are due to ***Bacillus cereus***

In terms of its basic microbiological properties, how is B cereus described?

It is a G+ rod

Along with Clostridium species (another medically important genera of G+ rods), what unique property does B cereus possess?

It forms spores. (Don't roll your eyes; this could be an important clue on an exam!)

You encountered B cereus in med school as a cause of what unpleasant-but-transient condition?

Food poisoning



Q

● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to **Bacillus cereus**

In terms of its basic microbiological properties, how is B cereus described?

It is a G+ rod

Along with Clostridium species (another medically important genera of G+ rods), what unique property does B cereus possess?

It forms spores. (Don't roll your eyes; this could be an important clue on an exam!)

You encountered B cereus in med school as a cause of what unpleasant-but-transient condition?

Food poisoning

What is the classic food-poisoning scenario involving B cereus (ie, what dish)?



A

- **Post-Traumatic Endophthalmitis**
 - Develops in about **5%** of penetrating trauma cases
 - Increased risk if:
 - **IOFB** present
 - **Rural** setting
 - 25% are due to ***Bacillus cereus***

In terms of its basic microbiological properties, how is B cereus described?

It is a G+ rod

Along with Clostridium species (another medically important genera of G+ rods), what unique property does B cereus possess?

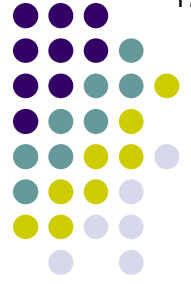
It forms spores. (Don't roll your eyes; this could be an important clue on an exam!)

You encountered B cereus in med school as a cause of what unpleasant-but-transient condition?

Food poisoning

What is the classic food-poisoning scenario involving B cereus (ie, what dish)?

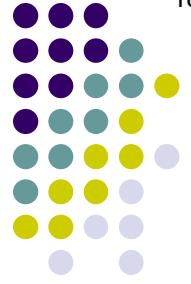
Re-warmed fried rice. The spores survive the initial cooking, then germinate in the cooked rice.



Q

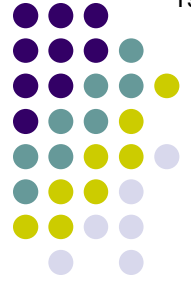
● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to *Bacillus cereus*
 - Especially likely if wound is contaminated with



A

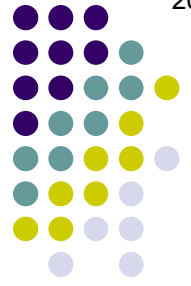
- **Post-Traumatic Endophthalmitis**
 - Develops in about **5%** of penetrating trauma cases
 - Increased risk if:
 - **IOFB** present
 - **Rural** setting
 - 25% are due to ***Bacillus cereus***
 - Especially likely if wound is contaminated with **soil**



Q

● Post-Traumatic Endophthalmitis

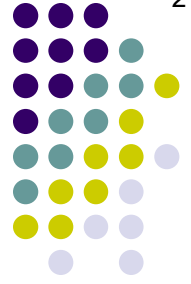
- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to *Bacillus cereus*
 - Especially likely if wound is contaminated with soil
 - *B. cereus* is often vs rarely a pathogen outside of trauma setting



A

● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to *Bacillus cereus*
 - Especially likely if wound is contaminated with soil
 - *B. cereus* is rarely a pathogen outside of trauma setting



Q

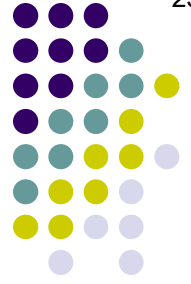
● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to *Bacillus cereus*
 - Especially likely if wound is contaminated with soil
 - *B. cereus* is rarely a pathogen outside of trauma setting
 - rapid vs indolent *and* mild vs severe course; loss of the eye a rare vs frequent outcome



A

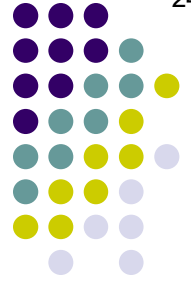
- **Post-Traumatic Endophthalmitis**
 - Develops in about **5%** of penetrating trauma cases
 - Increased risk if:
 - **IOFB** present
 - **Rural** setting
 - 25% are due to ***Bacillus cereus***
 - Especially likely if wound is contaminated with **soil**
 - *B. cereus* is **rarely** a pathogen outside of trauma setting
 - **Rapid, severe** course; loss of the eye a **frequent** outcome



Q

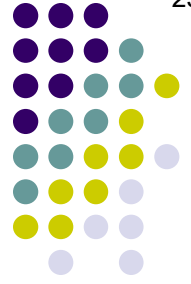
● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to *Bacillus cereus*
 - Especially likely if wound is contaminated with soil
 - *B. cereus* is rarely a pathogen outside of trauma setting
 - Rapid, severe course; loss of the eye a frequent outcome
 - Treat: Intravitreal antibiotic or antibiotic



A

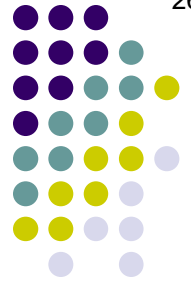
- **Post-Traumatic Endophthalmitis**
 - Develops in about **5%** of penetrating trauma cases
 - Increased risk if:
 - **IOFB** present
 - **Rural** setting
 - 25% are due to ***Bacillus cereus***
 - Especially likely if wound is contaminated with **soil**
 - *B. cereus* is **rarely** a pathogen outside of trauma setting
 - **Rapid, severe** course; loss of the eye a **frequent** outcome
 - Treat: Intravitreal **vancomycin** or **clindamycin**



Q

● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to *Bacillus cereus*
 - Especially likely if wound is contaminated with soil
 - *B. cereus* is rarely a pathogen outside of trauma setting
 - Rapid, severe course; loss of the eye a frequent outcome
 - Treat: Intravitreal vancomycin or clindamycin
- Some will be different bacteria type --treat with intravitreal antibiotic



A

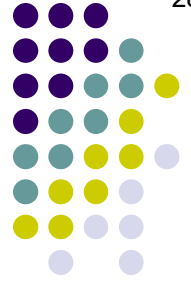
- **Post-Traumatic Endophthalmitis**
 - Develops in about **5%** of penetrating trauma cases
 - Increased risk if:
 - **IOFB** present
 - **Rural** setting
 - 25% are due to ***Bacillus cereus***
 - Especially likely if wound is contaminated with **soil**
 - *B. cereus* is **rarely** a pathogen outside of trauma setting
 - **Rapid, severe** course; loss of the eye a **frequent** outcome
 - Treat: Intravitreal **vancomycin** or **clindamycin**
 - Some will be **G- rods**--treat with intravitreal **ceftaz**



Q

● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to *Bacillus cereus*
 - Especially likely if wound is contaminated with soil
 - *B. cereus* is rarely a pathogen outside of trauma setting
 - Rapid, severe course; loss of the eye a frequent outcome
 - Treat: Intravitreal vancomycin or clindamycin
- Some will be G- rods--treat with intravitreal ceftaz
- Must consider different bug type pathogens as well



A

● Post-Traumatic Endophthalmitis

- Develops in about 5% of penetrating trauma cases
- Increased risk if:
 - IOFB present
 - Rural setting
- 25% are due to *Bacillus cereus*
 - Especially likely if wound is contaminated with soil
 - *B. cereus* is rarely a pathogen outside of trauma setting
 - Rapid, severe course; loss of the eye a frequent outcome
 - Treat: Intravitreal vancomycin or clindamycin
- Some will be G- rods--treat with intravitreal ceftaz
- Must consider fungal pathogens as well