Differentiators

- ✓ Acute painful injected eye.
- ✓ Profuse tearing and discharge.
- ✓ Decrease visual acuity.
- ✓ Large F.B
- ✓ Stromal invasion with epithelial excavating edge.

Treatment

1. **Fluroquinolones →**
   - ✓ **Every 5 mins / hour**
   - ✓ **Hour / 24 hs**
   - ✓ **2 hour / 24 hs**
2. **Fortified eye drops → ulcer < 2 ws , improvement not obvious.**

   (N.B)Don't miss resistant bacteria.
3. **Steriods**

Poor response to treatment

- Wrong diagnosis
- Wrong treatment
- Drug toxicity

FUNGAL KERATITIS

Filamentous fungal keratitis

–Aspergillus

- Fusarium

History of vegetable matter injury

Greyish-white ulcer with indistinct margins

Surrounded by feathery infilterates

Ring infilterate

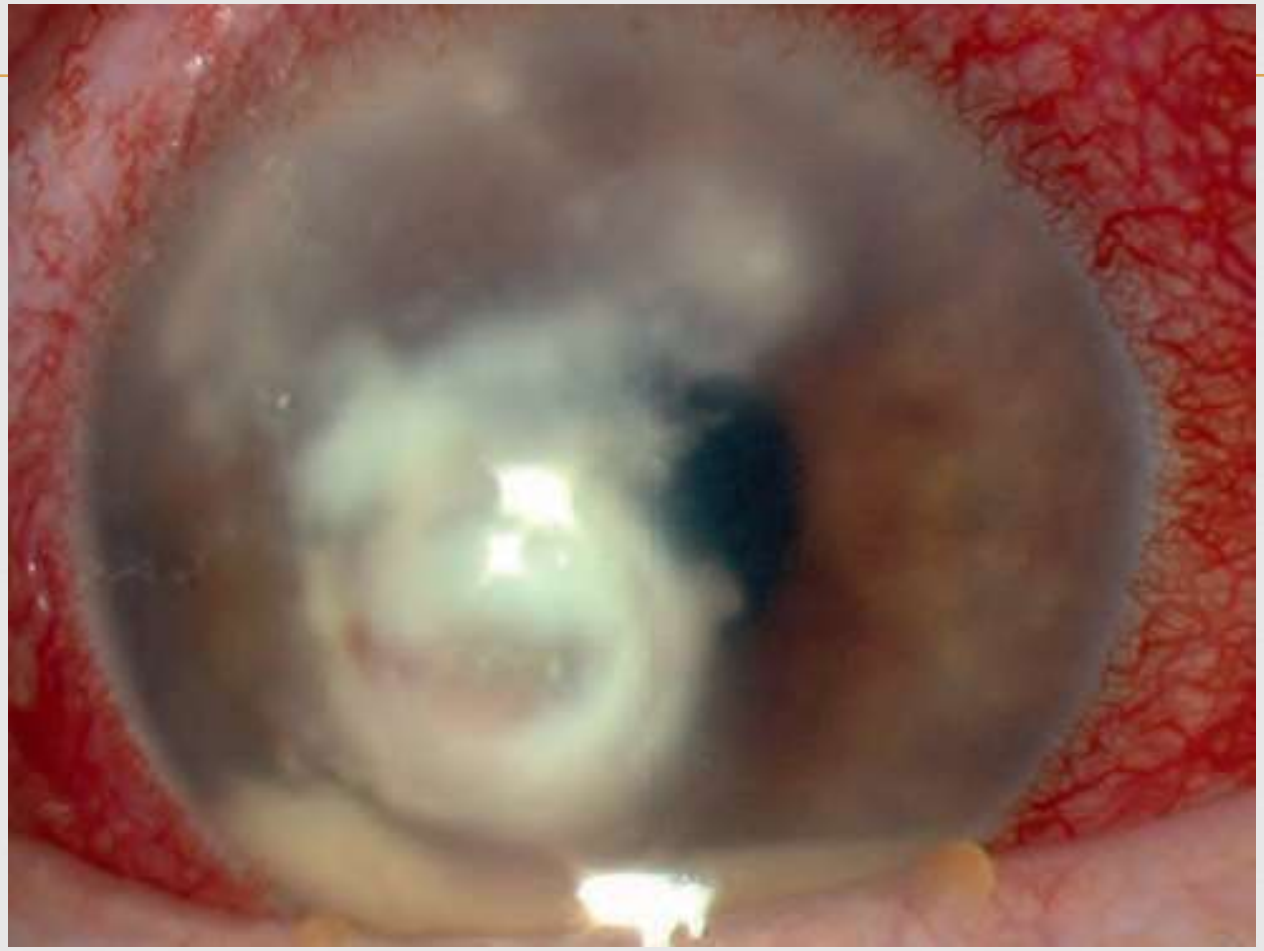
Endothelial plaque

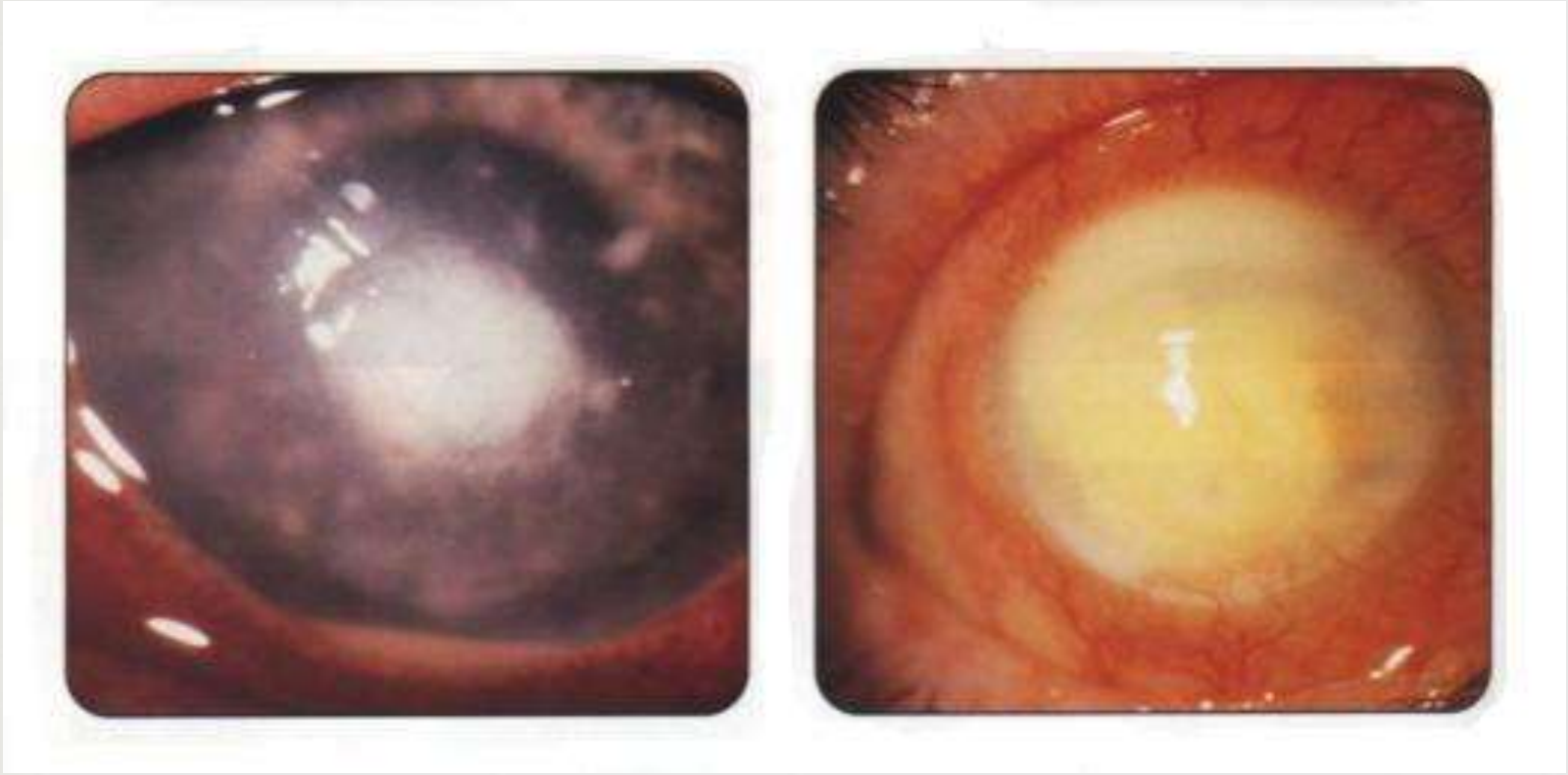
Hypopyon

Differentiators

- ✓ Dull grey infiltrate.
- ✓ Satellite lesions.
- ✓ Awareness of those ulcers resembling bacterial keratitis
- ✓ Awareness of those caused by yeast → better defined borders
- ✓ Real flags

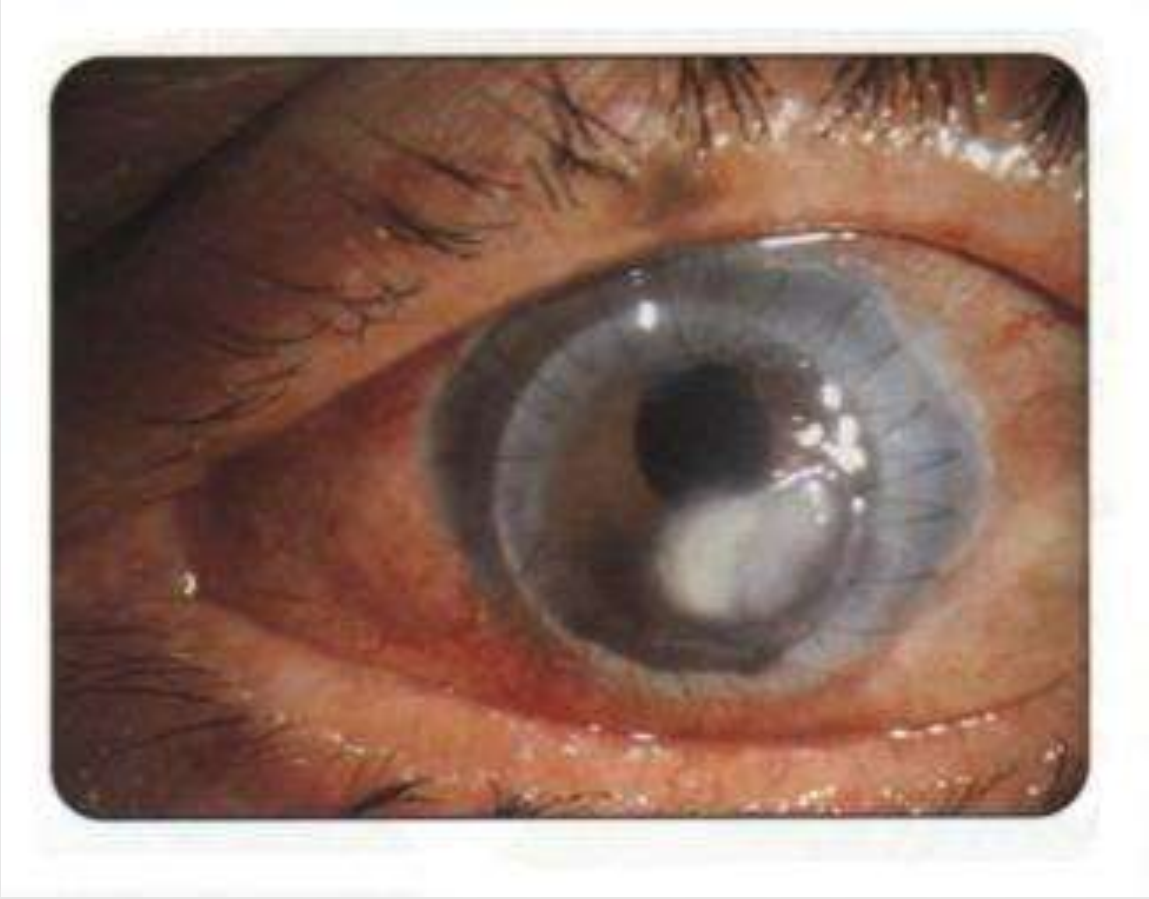
Fungal Keratitis





Candida keratitis

- Usually develops in pre-existing corneal disease or immunocompromised patient
- Yellow-white ulcer
- Dense suppuration



D/D of fungal keratitis

- Suppurative bacterial keratitis
- Herpetic stromal necrotic keratitis

MANAGEMENT

- Culture
- Biopsy
- Antifungal therapy – Initially broad-spectrum econazole 1% topically – Then depending upon sensitivity natamycin or imidazole for 6 weeks
- Systemic ketoconazole
- Therapeutic penetrating keratoplasty

ACANTHAMOEBA KERATITIS

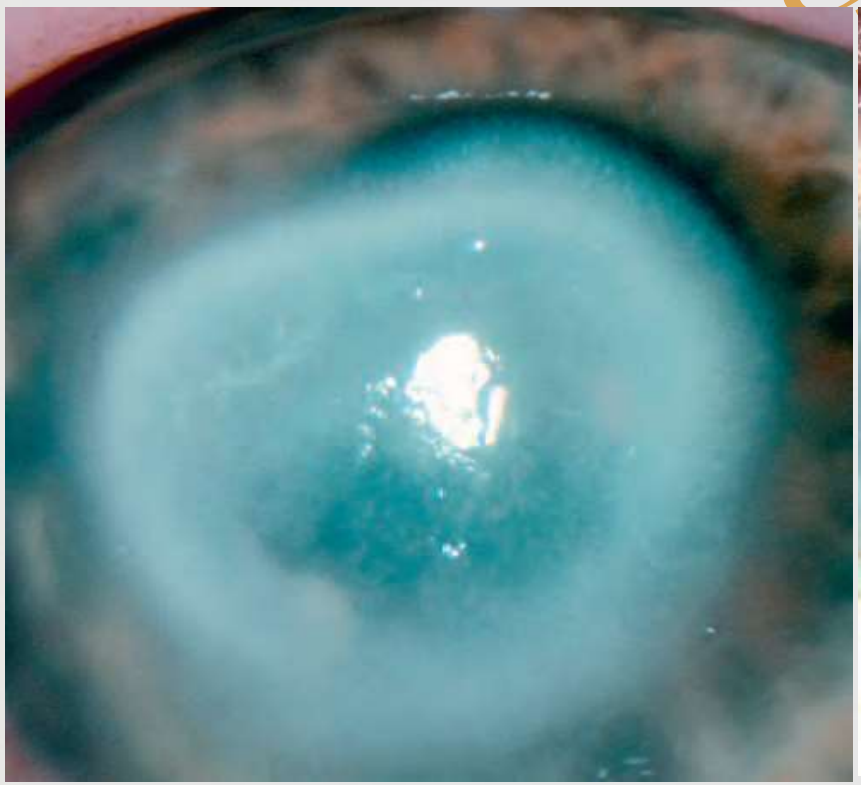
Protozoan (trophozoite)
- –active
- –dormant (cystic)

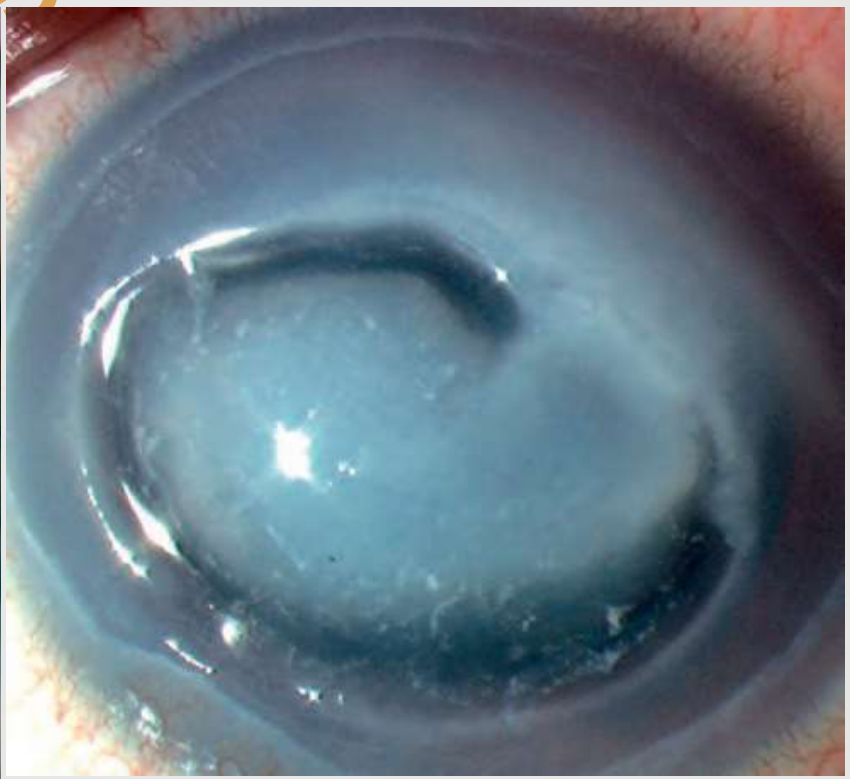
Common in swimmers and CL wearers

CLINICAL FEATURES

- Blurred vision and disproportionate pain
- Patchy anterior stromal infilterates
- Perineural infilterates (radial keratoneuritis)
- Infilterates coalesce –ring abcess, ulceration and hypopyon
- White satellite lesions

Acanthamoeba Keratitis





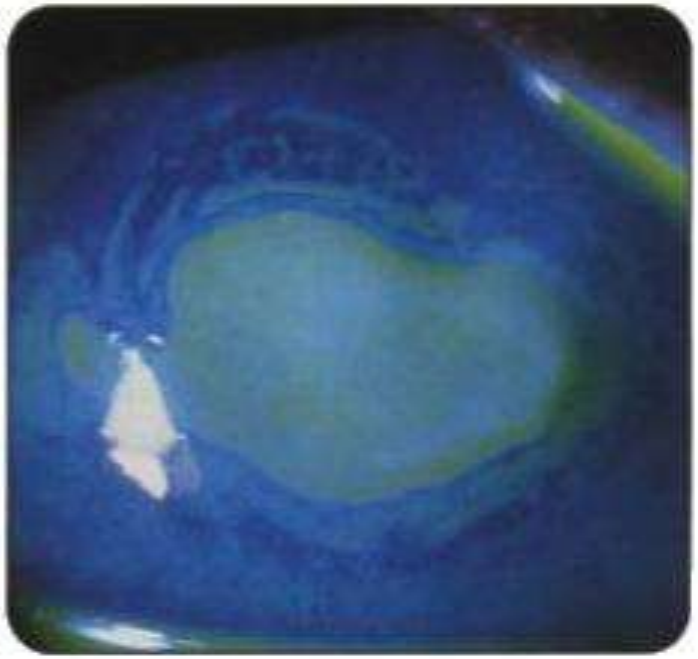
Differentiators

- ✓ **History:**

  Ulcer simulators resemble HS in shape but ??

  Light sensitive (Jacket- over- the head sign)

- ✓ **Treatment :**



MANAGEMENT

- Corneal scrappings stained with calcoflour white
- Corneal biopsy
- Treatment with chlorhexidine, polyhexamethylenebiguanide drops, dipropamidine and propamidine.
- Therapeutic penetrating keratoplasty

HERPES SIMPLEX KERATITIS

Primary ocular herpes:
- Blepharoconjunctivitis
- Keatitis (punctate epithelial)

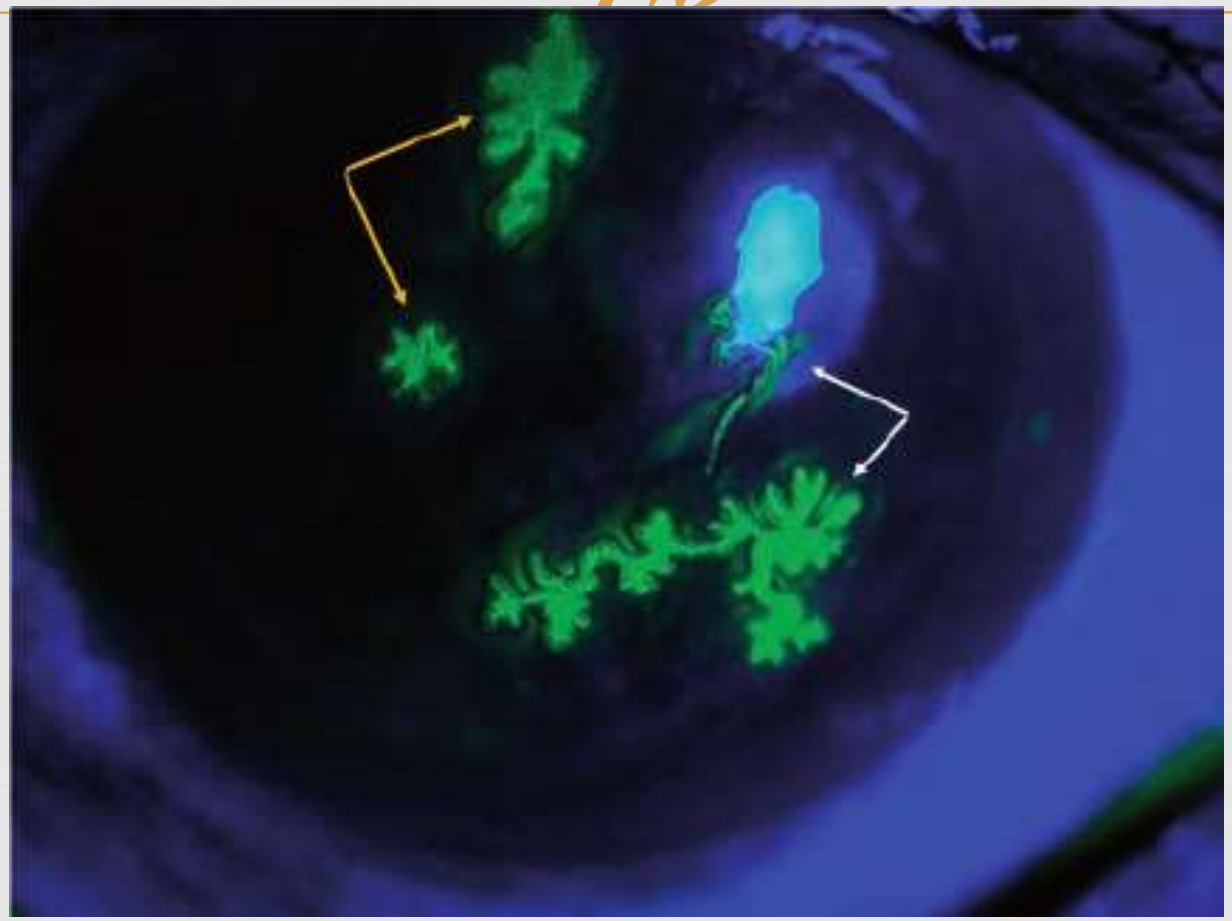
DENDRITIC ULCER

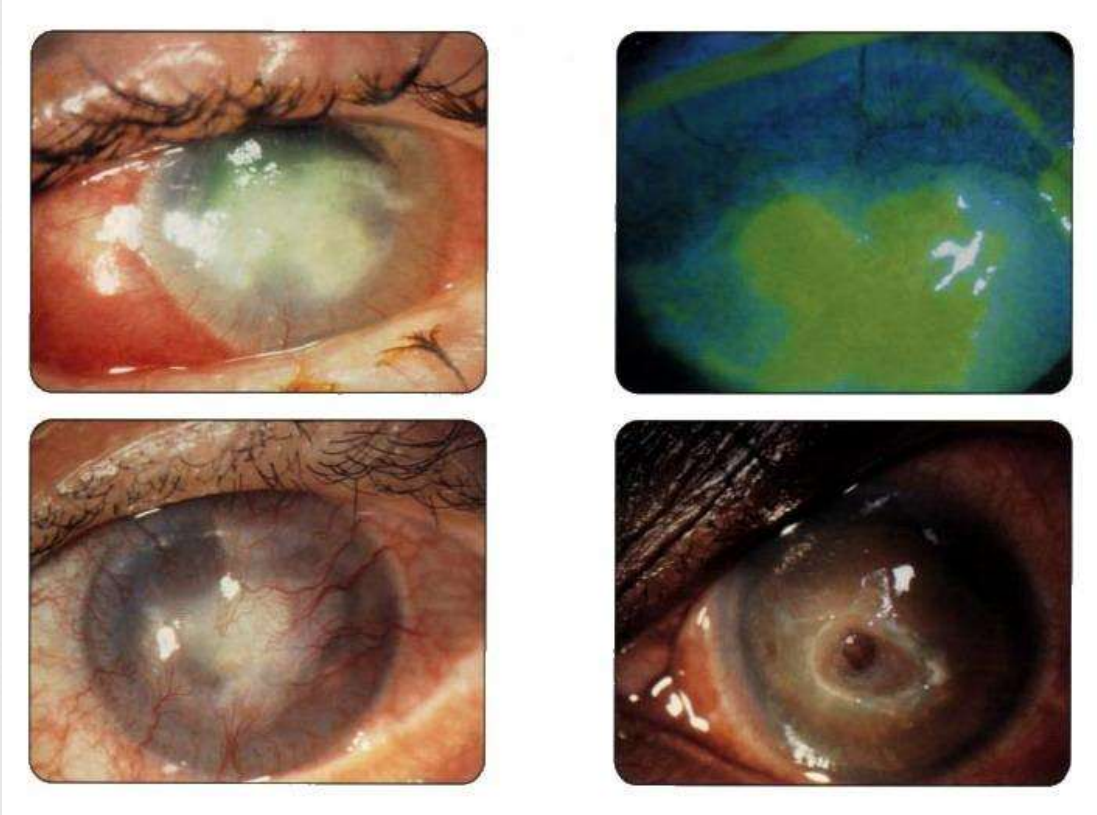
Opaque cells arranged in a course punctate or stellate pattern

Central desquamation leads to a linear branching ulcer. –Fluorescein stain – Rose Bengal stain –Diminished corneal sensitivity

Anterior stromal infilterates

Geographical or amoeboid ulcer





Differential diagnosis

- Herpes zoster keratitis
- Healing corneal abrasion
- Pseudodendrites due to soft contact lens
- Acanthamoeba keratitis
- Drug toxicity

Differentiators

- ✓ Dentritic ulcer.
- ✓ Loss of corneal sensation.
- ✓ Photophobia.

Types of HSV keratitis:

- ✓ Primary
- ✓ Recurrent
- ✓ Dentritic , Geographic , Metaherptica
- ✓ Diabetic foot in the eye → Neurotrophic

TREATMENT

Antiviral therapy – ☙

Acycloguanosine 3% ointment –

Trifluorothymidine 1% drops –

Adenine arabinoside 3% ointment, 0.1% drops

Idoxuridine

Debridement (with sterile cotton-tipped bud ☙ 2mm beyond the edge of ulcer)

OTHER ENTITIES

- Stromal necrotic keratitis
- Disciform keratitis

PHLYCTENULOSIS

Predominantly affects children

Etiology –

Tuberculosis – Delayed hypersensitivity reaction to staphylococcal or other bacterial antigen

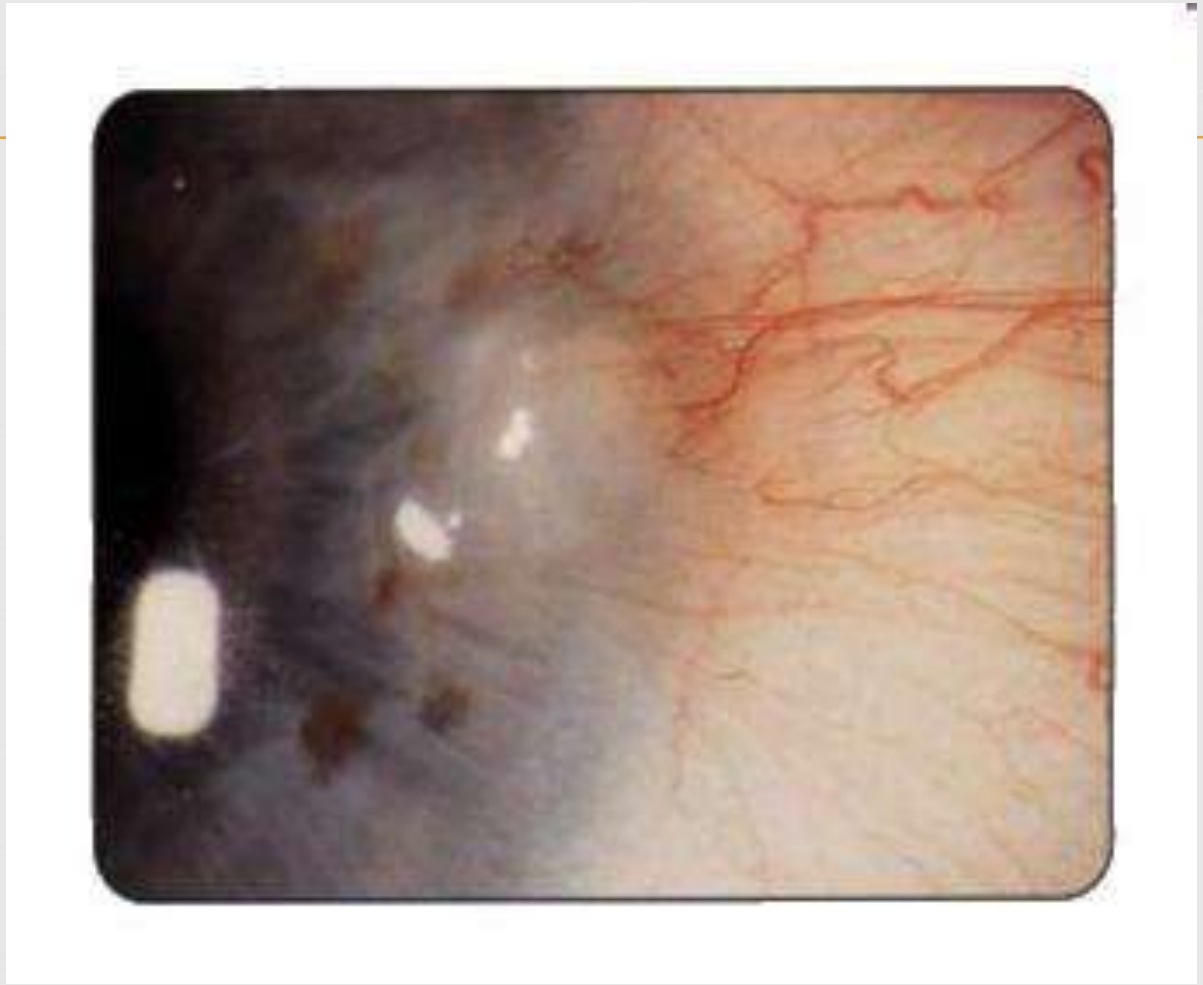
PRESENTATION

Photophobia, lacrimation and blepharospasm.

SIGNS

Conjunctival: Pinkish-white nodule surrounded by hyperaemia

Corneal: May resolve spontaneously or extend radially to the cornea. May cause severe ulceration or perforation.



TREATMENT

- Short course of topical steroids
- Topical antibiotics

Thank you