

Exserohilum keratitis in a patient with failed corneal graft: a rare presentation

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PURPOSE

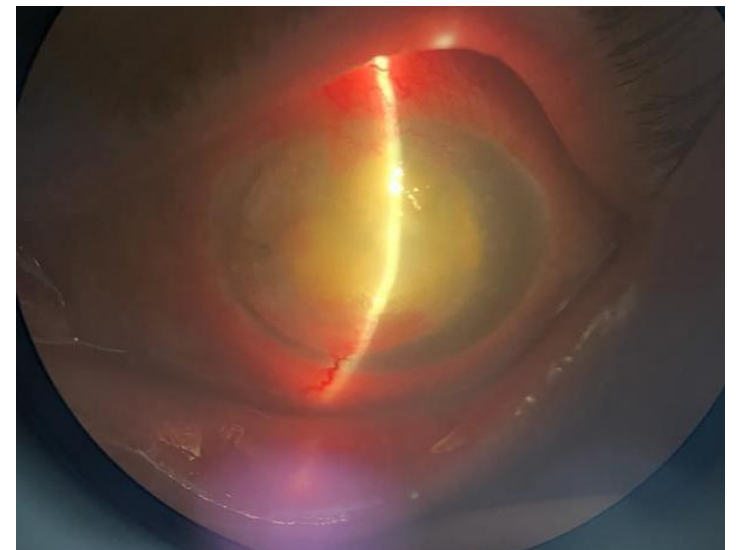
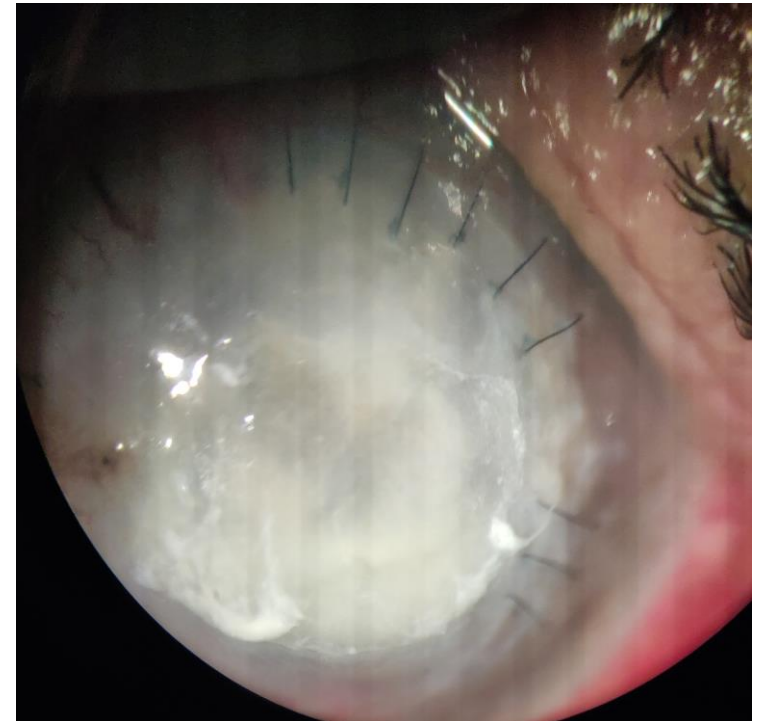
To present a case of *Exserohilum* keratitis in a patient with failed corneal graft managed at tertiary health care centre.

INTRODUCTION

- Fungal keratitis is amongst the leading causes of visual morbidity and blindness especially in developing countries like India. [1, 2]
- Though the profile of fungi causing mycotic keratitis varies according to geographical location and climate, most of the cases reported have been caused by hyaline fungus such as *Aspergillus*, *Fusarium* etc.
- Rare cases have been attributed to phaeoid fungus like *Alternaria*, *Curvularia*, *Bipolaris* etc. [3]
- The phaeoid fungus, *Exserohilum* which is usually the causative agent of phaeohyphomycosis affecting skin, subcutaneous tissue and paranasal sinuses has only occasionally been associated with mycotic keratitis.

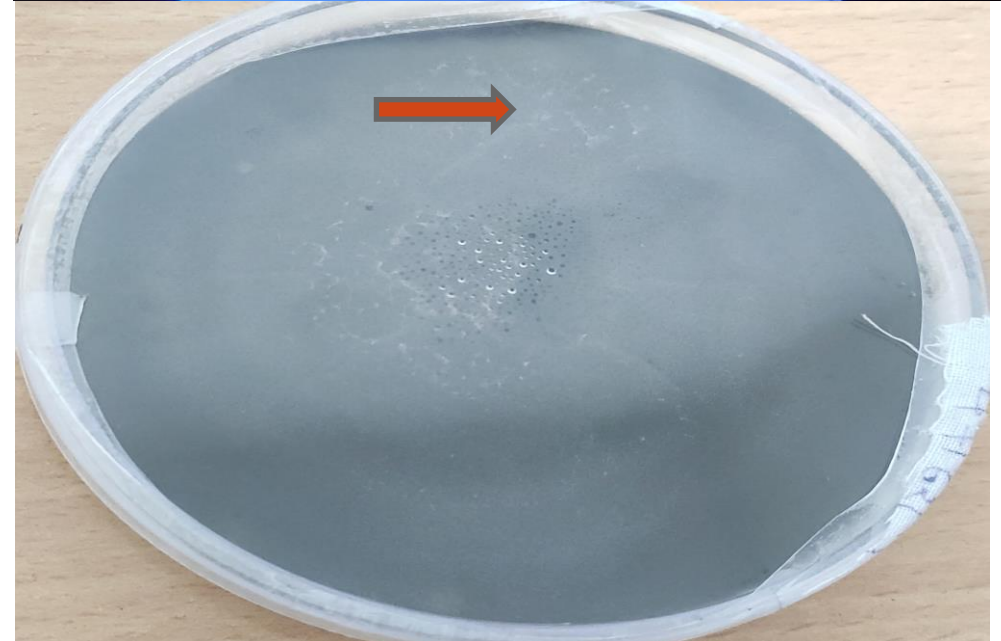
MATERIALS AND METHODS

- A 51 years old male with history of penetrating keratoplasty in left eye (LE) one year ago presented to a tertiary center with the chief complaint of redness, white opacity with diminished vision and a history of intermittent use of topical steroids in since last one year.
- Visual acuity (LE) : HM- PL+PR4+.
- Slit lamp evaluation: LE central corneal graft ulcer with infiltration of about 8mm diameter, with brownish pigmentation at its base.
- USG (LE) finding revealed posterior segment normal.



DIAGNOSIS

- KOH examination of the corneal scraping revealed thick brown branched septate hyphae.
- Culture of the scrapings on Sabouraud- dextrose agar showed velvety greenish black colony with black pigment at the reverse.
- This was identified as *Exserohilum rotstratum* on microbiological basis.



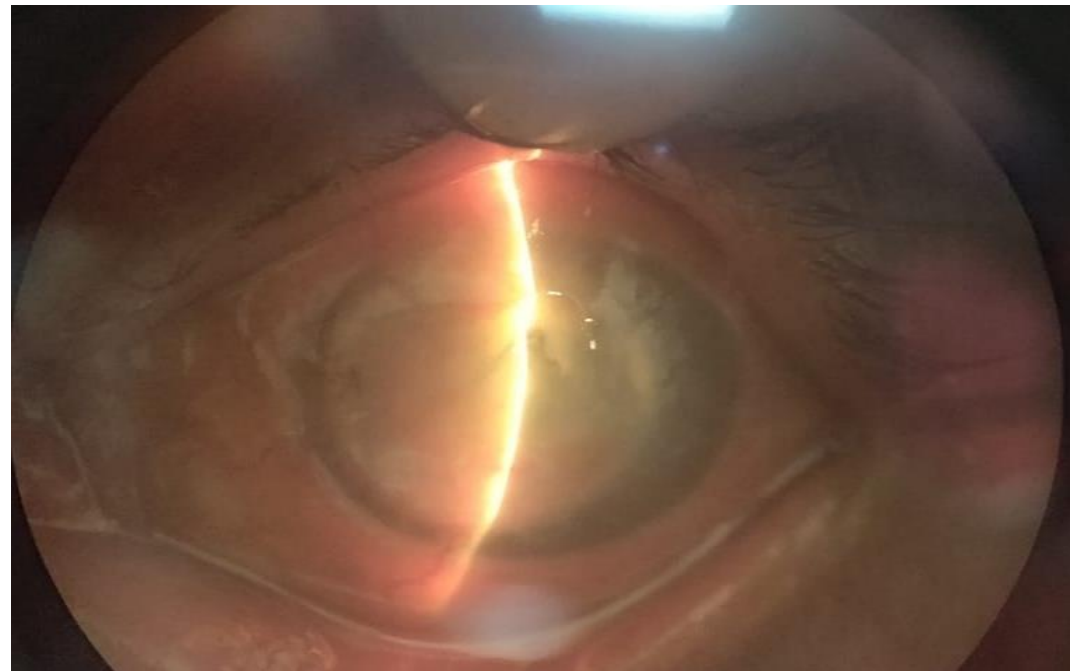
MANAGEMENT

- He was diagnosed Exserohilum keratitis and managed as follows:
 - Natamycin (5%) eye drops one hourly a day
 - Carboxymethyl cellulose(0.5%) eye drop six times a day
 - Timolol (0.5%) eye drops two times a day
 - Atropine (1%) eye drops three times a day
 - Oral tablet fluconazole 150mg twice a day for three day and once a day for 18 days.

RESULTS

At 2 months of follow up,

- Visual Acuity improved to CF near face
- Left eye central healing keratitis with deep stromal infiltration decreased with chances of Future Visual Rehabilitation.



DISCUSSIONS

- Since *Exserohilum rostratum* is a rare cause of corneal ulcer, there is no standard protocol for its management. Our patient responded to topical Natamycin and oral Fluconazole. Previous case reports have reported use of oral Itraconazole too.
- it should be kept as one of the differentials if daemanticious fungus is being suspected.
- If this infection is diagnosed timely and appropriate treatment started, visual rehabilitation is a possibility as in the present case.

CONCLUSION

- The case report highlights the emerging pathogen *exserohilum* that has been regarded as a rare cause of keratitis.
- Timely microbiology and prompt appropriate management helps in the resolution of the infection with future chances of visual rehabilitation.

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Thank you !