

Comment on: Culture-positive unilateral panophthalmitis in a serology-2 positive case of dengue hemorrhagic fever

Sir,

We read with interest the article titled "Culture-positive unilateral panophthalmitis in a serology-2 positive case of dengue hemorrhagic fever" by Kamal *et al.*^[1] The authors have reported a case of *Bacillus cereus* panophthalmitis in a setting of dengue hemorrhagic fever with a history of having received intravenous colloids, antibiotics, and platelet transfusions. They have suggested that a secondary endogenous endophthalmitis by *B. cereus* led to panophthalmitis due to dengue-induced septicemia and not dengue virus *per se*.

However, we think that this could be a case of endogenous endophthalmitis caused by *B. cereus* secondary to a possible breach in the sterility of various consumables used at the time of intravenous administrations during the stay in the hospital. On review of the literature, there have been case reports of endogenous panophthalmitis caused by *B. cereus* resulting from various causes such as intravenous medications by Bouza *et al.*^[2] and Sriram *et al.*^[3] intravenous drugs by Kumar *et al.*^[4] and contamination of hospital linens and catheter infection by Sasahara *et al.*^[5] The pathogenesis involves bacteremia and lodging of emboli in the retinal arterioles which then invade the vitreous and the anterior segment leading to panophthalmitis.

In India, we are not sure of the sterility of the needles used for intravenous medications, especially in rural settings. It would be interesting to know the sterility protocol followed for this patient during his hospital stay, level of medical care provided, and socioeconomic status of the patient. We would

also like to know the blood culture reports of the patient and the culture of various consumables including solutions used for intravenous administrations.

We hereby suggest a differential diagnosis for this patient where the panophthalmitis due to *B. cereus* could be secondary to endogenous endophthalmitis resulting from a hospital-acquired infection other than dengue-induced septicemia.

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Conflicts of interest

There are no conflicts of interest.

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