

CLINICAL IMAGE**Fulminant eye infection in a patient with nephrotic syndrome**Abhilash Koratala  | Freddy R. Malpartida | Rupam Ruchi

Division of Nephrology, Hypertension and Renal Transplantation, University of Florida, Gainesville, FL, USA

Correspondence

Abhilash Koratala, Division of Nephrology, Hypertension and Renal Transplantation, University of Florida, Gainesville, FL, USA.

Email: akoratsla@ufl.edu

Key Clinical Message

Endophthalmitis is a bacterial or fungal infection inside the eye, involving the vitreous and/or aqueous humors. High index of suspicion is required for this condition in immunocompromised patients with ocular complaints as it can worsen rapidly and lead to permanent loss of vision.

KEYWORDS

endophthalmitis, immunosuppression, nephrotic syndrome

1 | CASE

A 54-year-old woman with nephrotic syndrome secondary to idiopathic membranous nephropathy presented with pain and redness in the left eye (Figure 1A) after minor trauma from her oxygen cannula. She was taking prednisone 80 mg/d and received a dose of intravenous cyclophosphamide, 500 mg/m² 4 weeks prior. She was thought to have Stye, discharged with warm compresses and outpatient ophthalmology appointment. One day later, she presented with increasing pain, discharge, and loss of vision in the left eye. Examination showed conjunctival chemosis, injection, and cloudy cornea (Figure 1B) with poor visibility of posterior structures on slit-lamp examination consistent

with acute fulminant endophthalmitis. Ophthalmology performed emergent therapeutic penetrating Keratoplasty, corneal transplant, and pars-plana vitrectomy of the left eye. Cultures obtained from the eye were positive for *Serratia marcescens* and her vision subsequently improved with systemic and ocular antibiotics.

Endophthalmitis is a potentially vision-threatening infection that can result from exogenous or endogenous sources.¹ *Serratia* species are opportunistic gram-negative bacteria implicated in healthcare-associated infections, especially in immunocompromised patients.^{2,3} Our patient was treated with steroid and an alkylating agent for her kidney disease and had recurrent hospital admissions, both of which are risk factors

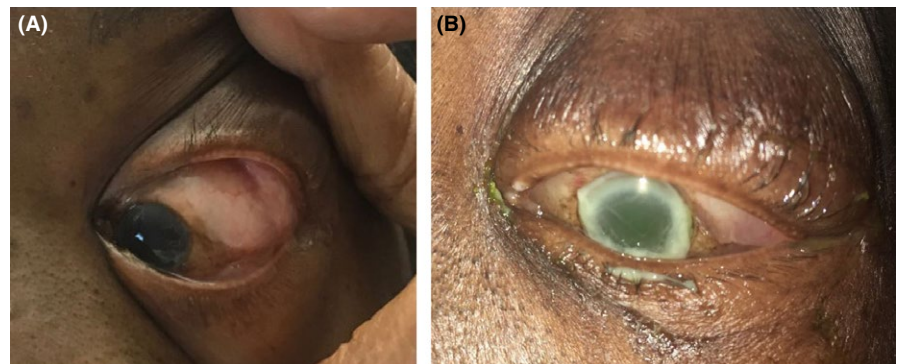


FIGURE 1 A, Left eye at initial presentation with redness of the lid and conjunctiva. B, Same eye 1 day later demonstrating lid swelling, conjunctival chemosis and redness, cloudy cornea, and discharge

for this infection. Moreover, nephrotic syndrome itself predisposes to infections.

INFORMED CONSENT

Informed consent has been obtained for the publication of this clinical image.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

AUTHORSHIP

All the authors made substantial contribution to the preparation of this manuscript and approved the final version for submission. AK: drafted the manuscript. FRM: participated in patient care; reviewed the manuscript. RR: reviewed the manuscript for critically important intellectual content.

ORCID

Abhilash Koratala  <http://orcid.org/0000-0001-5801-3574>

REFERENCES

1. Koratala A, Malpartida FR. Endophthalmitis complicating dialysis access infection. *Kidney Int.* 2017;92:270.
2. Sharma NS, Ooi JL, Downie JA, Coroneo MT. Corneal perforation and intraocular lens prolapse in *Serratia marcescens* endophthalmitis. *Clin Exp Ophthalmol.* 2007;35:381-382.
3. Yi MY, Chung JK, Choi KS. *Serratia marcescens* endophthalmitis after pterygium surgery: a case report. *BMC Ophthalmol.* 2017;17:197.

How to cite this article: Koratala A, Malpartida FR, Ruchi R. Fulminant eye infection in a patient with nephrotic syndrome. *Clin Case Rep.* 2018;6:1385–1386. <https://doi.org/10.1002/ccr3.1610>