

Ophthalmic Images

Endogenous *Aspergillus thermomutatus* Endophthalmitis in a Patient With Myelodysplastic Syndrome

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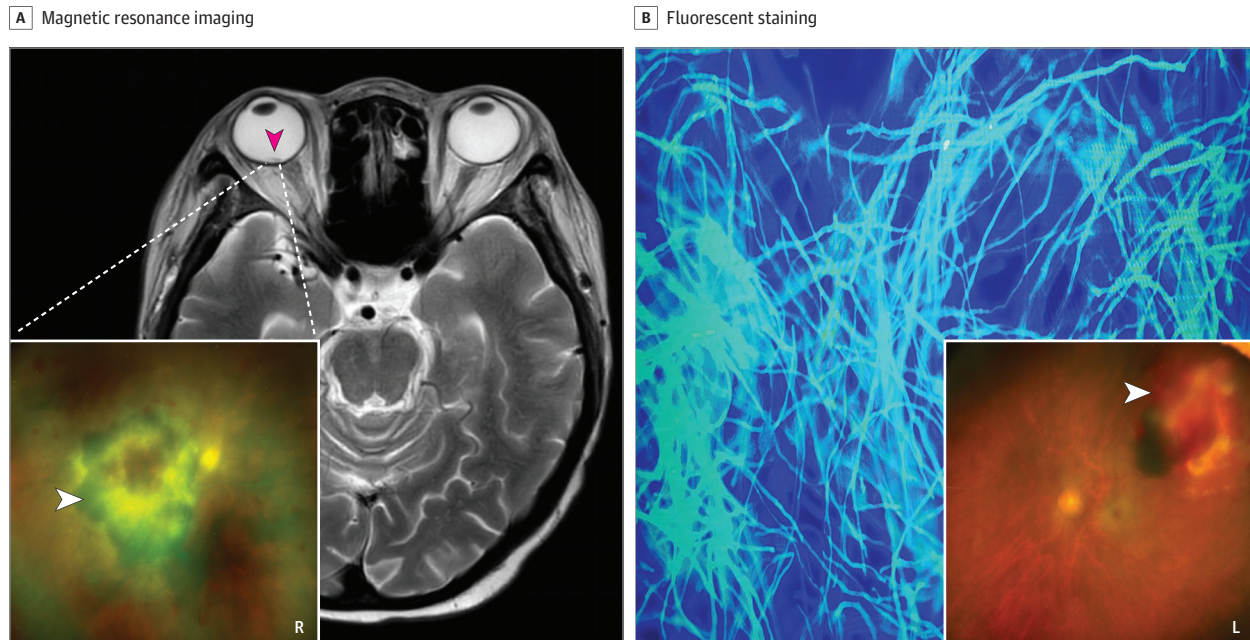


Figure. A, Magnetic resonance imaging showed abnormal signals in the posterior part of the right vitreous (pink arrowhead). Inset: Fundus photography showed retinal infiltrating lesions in the macular area of the right eye (white arrowhead). B, Fungal hyphae can be visualized by fluorescent staining ($\times 1000$ magnification). Inset: Fundus photography showed retinal infiltrating lesions in the superotemporal vascular arch of left eye (white arrowhead).

A 56-year-old woman presented to the ophthalmology clinic with a 1-week history of vision loss, with a visual acuity of no light perception OD and count fingers at 20 cm (temporal) OS. She had a history of myelodysplastic syndrome and underwent an allogeneic stem cell transplant 1 month prior. Magnetic resonance imaging showed abnormal signals in the posterior part of the right vitreous (Figure, A, pink arrowhead). Fundus photography showed retinal lesions in the macula of the right eye

(Figure, A, white arrowhead in inset) and superotemporal to the macula in the left eye (Figure, B, white arrowhead in inset), accompanied by 3-plus vitritis. Culture from vitrectomy showed *Aspergillus thermovarius* with fungal hyphae visualized by fluorescent staining (Figure, B, $\times 1000$ magnification). The culture confirmed endogenous *Aspergillus thermomutatus* endophthalmitis, a rare sight-threatening infection in immunocompromised patients.^{1,2} Systemic and local intravitreal injection of amphotericin B was initiated. Unfortunately, the patient died of secondary intracranial infection.

ARTICLE INFORMATION

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