A 68-year-old man presented with progressive painless red eye and blurred vision for 2 months. The patient had a 20-year history of type 2 diabetes and a 10-month history of tenosynovitis in his right hand after injury while handling fish, which was refractory to antibiotic treatment. Visual acuity was 20/20 OD and counting fingers OS. Conjunctival hyperemia, large yellowish keratic precipitates, 2+ cells, 3+ flare, and 5 mm of hypopyon in the anterior chamber were noted in his left eye (Figure, A). Anterior scleritis was seen in the temporal and inferior areas. Through 1+ vitreous haze, no abnormal changes were found in the fundus. His right eye was normal. Multiple crusted and ulcerated nodules, forming a linear distribution, could be seen in his right hand (Figure, B). Results of laboratory tests were unremarkable.

Bacterial endophthalmitis of his left eye was considered. Intravitreous injection of 1 mg of vancomycin was performed. Results of smear and culture of aqueous humor sampled before injection were both negative. After treatment, the anterior chamber reaction continued to worsen. The aqueous humor was resampled for next-generation sequencing analysis. Sixteen sequence readings of M marinum were detected, accounting for 0.0151% of the genome coverage. Polymerase chain reaction was not performed.

Clarithromycin, rifampicin, and ethambutol were administered orally. Rifampicin eye drops were added. Corticosteroid was used topically but not systemically. Skin lesions subsided gradually (Figure, C). However, hypopyon increased and vitreous opacity worsened in the left eye. Visual acuity dropped to light perception OS. Vitrectomy was performed. Necrotic scleritis and scleral perforation near the corneal limbus was found during the surgery. No focal lesion or mass was found in the retina and the choroid, except for small retinal hemorrhages. Vitreous culture grew mycobacterium, while findings of acid-fast staining of smear were still negative. Meanwhile, pathology of skin biopsy of the right hand showed caseous necrosis. Approximately 1 month after treatment, scleral purulent nodules, severe corneal edema, and hypopyon were noted in his left eye (Figure, D), with no light perception OS. Evisceration was finally performed.