A 72-year-old man presented with 1 day of right eye pain and decreased vision. His medical history included coronary artery disease, diabetes, and chronic obstructive pulmonary disease. He endorsed contact lens use but denied sleeping in them or overuse. He denied previous ocular surgeries, trauma, or exposure to vegetation but reported use of EzriCare artificial tears for dryness. His best-corrected visual acuity was hand motion in the right eye and 20/20 in the left. Intraocular pressures were 29 mm Hg in the right eye and 14 mm Hg in the left. Examination demonstrated right eye conjunctival hyperemia, 6 × 5-mm corneal infiltrate with overlying epithelial defect, and 2-mm hypopyon (Figure 1A). Ultrasonography results were normal without membranes or vitritis.

Given the concern for MDR infection due to the use of EzriCare drops and the recent CDC warning, treatment was initiated with topical fortified vancomycin, fortified tobramycin, and trimethoprim-polymyxin drops every hour while awake. His infiltrate and EzriCare artificial tears were both cultured (Figure 2). The corneal culture was positive for P aeruginosa with high resistance to fluoroquinolones; aminoglycosides, including amikacin and tobramycin; and cephalosporins, with moderate carbapenem resistance (minimum inhibitory concentration = 4). The EzriCare drop culture was also positive for P aeruginosa resistant to fluoroquinolones, aminoglycosides, and cephalosporins with higher carbapenem resistance (minimum inhibitory concentration = 8). Based on bacterial sensitivities, the patient continued trimethoprim-polymyxin every hour and switched to imipenem-cilastatin every 2 hours, as this antibiotic class had the lowest resistance of those tested. To date, he is undergoing treatment with close monitoring, as he had persistent infection and vision loss at his last follow-up (Figure 1B).