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.Vitrectomy was performed and intraocular specimens were sent for microbiological analysis. Fluorescent staining of the sample was performed (Figure B). Empiric antifungal treatment was initiated. Despite intervention, the patient developed secondary central nervous system involvement and succumbed to complications.