A 62-year-old patient with a remote history of laser in situ keratomileusis (LASIK) awoke with cloudy vision, tearing, photophobia, and sharp pain in the left eye. She reported requiring a rigid gas permeable contact for 11 years due to postrefractive ectasia. Slitlamp examination was consistent with acute hydrops. Central pachymetry measured over 1400 μm (fellow eye, 588 μm). Optical coherence tomography identified fluid channels throughout the stroma and an unstable LASIK flap resting on fluid in the flap interface. She was treated con servatively with topical moxifloxacin, prednisolone, and timolol, and the edema resolved by 11 weeks, leaving a dense scar. Six weeks later, she developed redness, pain, and photophobia and was found to have a small, branching posterior stromal infiltrate. Penetrating keratoplasty was performed, with pathology identifying Aspergillus at 80% stromal depth. The postoperative course was uncomplicated, and final visual acuity was correctable to 20/15.