An 87-year-old woman was referred for presumed left eye scleritis that had been unresponsive to 1 week of high-dose oral prednisone.Evaluations for systemic autoimmune causes were negative. Superior scleral necrosis with surrounding erythema was noted (A). Uppereyelid eversion disclosed a polypropylene suture protruding from the palpebral conjunctiva (B). On further questioning, the patient statedthat she had undergone ptosis repair 1 year prior. The suture was removed and was positive for Staphylococcus lugdunensis on culture. Shewas treated with moxifloxacin 0.5% eyedrops for 2 weeks. Six weeks after presentation, the scleral necrosis had resolved (C)