



Radial Keratotomy–Associated Endophthalmitis

A 69-year-old woman with a history of radial keratotomy (RK) 30 years prior presented with acute onset of pain, redness, and blurry vision in her left eye. Visual acuity was hand motions, and examination showed 4 RK incisions, Seidel negative, with fluorescein staining at the inferotemporal incision and a 2.5-mm hypopyon (A). B-scan ultrasonography showed dense mobile vitreous opacities (B). A vitreous tap and intravitreal injection of vancomycin, ceftazidime, and dexamethasone was performed. Two months later, the infiltrate and hypopyon had resolved, and OCT showed normal macular morphology (C, D). The patient's vision returned to her baseline of 20/60 with a pinhole. Localized corneal infection with bacterial infiltration through a prior RK incision likely led to endophthalmitis. (Magnified version of Figure A-D is available online at www.opthalmologyretina.org).

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