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Aspergillus Niger keratoconjunctiv it is in middle aged female

[1]Dr. Shubham Gavali, JR3, Department of Ophthalmology

[2]Dr. Antaryami Sharma, JR3, Department of Ophthalmology

[3]Prof. Dr. Somnath Sarkar, Professor, Department of Ophthalmology

Corresponding Author: Dr. Shubham Gavali, JR3, Department of Ophthalmology

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Introduction

Aspergillus niger keratoconjunctivitis is a fungal infection affecting the cornea and conjunctiva. It is caused by the Aspergillus niger fungus and typically presents with symptoms such as eye redness, pain, blurred vision and discharge. Diagnosis involves clinical examination and may include laboratory tests. Treatment often consists of antifungal medications, such as topical and/or systemic antifungals, along with supportive measures to alleviate symptoms and prevent complications. Early recognition and prompt management are crucial to prevent vision loss and complications.

Case Report

A 55 year female presented with progressive diminution in vision, pain and watering in left eye .On slit lamp examination of left eye black coloured mass involving conjunctiva and cornea. (fig 1)

Figure 1: Black Coloured mass involving conjuctiva and Cornea

Dense cataract, fundus examination was unremarkable. Right eye examination - PCIOL. Fundus examination were unremarkable. After instilling paracaine in left eye, mass was removed under slit lamp.(fig 2)

Figure 2: After Removal of mass under slit-lamp

Sample is sent to microbiology department for culture and microscopy.

Microscopic examination of the samples showed typical Aspergillus hyphae. patient was started for topical amphotericin B 0.15% , homatropine eye drops thrice a day and moxifloxacin eye drops four times a day, and systemic ketoconazole 200 mg twice a day .There was a steady resolution in 2 weeks.(Fig 3)

Figure 3: Post treatment after 2 weeks

The cultures were positive for Aspergillus niger (fig 4)

Figure 4: Growth seen on SDA media

Discussion

Corneal blindness is responsible for about 1.5 to 2 million new cases of monocular blindness every year, ocular trauma and infectious keratitis being accountable for the majority of cases [1,2 Fungal keratitis constitutes about 50% of all culture-positive cases of infective keratitis in developing countries [3,4]. It is common in areas with warm and humid climates and among populations mainly engaged in agricultural activities.

Laboratory diagnosis with culture isolation in fungal keratitis is of extreme importance to provide appropriate and successful treatment. It also helps in performing antifungal susceptibility testing to establish the sensitivity to treatment with conventional and newer antifungal agents.

Conclusion

Aspergillus keratoconjunctivitis is an important ophthalmological problem worldwide, but especially in in agricultural communities and in tropical and subtropical areas, where it frequently occurs following traumatic injury. Early diagnosis and prompt initiation of appropriate antifungal therapy are crucial to prevent progression and preserve vision.

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