

CR09


Bilateral blindness due to endophthalmitis and corneal ulcer caused by *E. faecalis* as a result of chronic intentional self-injury

Rea Deghenghi^a, Dora Cvrtila^a, Sanja Masnec^{a,b}, Ivan Škegro^{a,b}, Miro Kalauz^{a,b}, Marija Barišić Kutija^b, Tomislav Kuzman^{a,b}

^a School of Medicine, University of Zagreb

^b Department of Ophthalmology, Zagreb University Hospital Center

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 Rea Deghenghi 0000-0002-4059-0602, Dora Cvrtila 0000-0001-7335-2267, Sanja Masnec 0000-0003-1472-0511, Ivan Škegro 0000-0003-2872-7351, Miro Kalauz 0000-0001-7616-9871, Marija Barišić Kutija 0000-0002-7844-5718, Tomislav Kuzman 0000-0002-7137-5059

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INTRODUCTION/OBJECTIVES: Endophthalmitis and corneal ulcer are complications of a long-term neglected keratitis and other eye infections. In serious cases they can lead to rapid deterioration in vision acuity and even complete blindness.

CASE PRESENTATION: We present a case of 56-year-old obese woman coming to our department complaining about blurry vision in her left eye for the last six months with unspecific skin lesions on her face, lips, eyelids and abdomen. Complete serological and immunological diagnostic panels were performed to exclude systemic autoimmune diseases such as SJS and SLE which were our primary concern. Corneal scraping was positive on *E. faecalis* which caused the corneal ulcer. She was treated with corticosteroid injections and antibiotics according to antibiogram. After discharge, a few months later, she was readmitted with the same diagnosis, now on her right eye, followed by a severe case of endophthalmitis. At this point, the patient only saw hand movements and had modest light perception. Suspicion to self-injury in a form of constant scratching and crust tearing was raised. The patient continuously denied self-harming, did not follow up on given therapy and psychiatric evaluation which eventually led to complete blindness and permanent immobility due to morbid obesity. With little family support, obvious self-neglect, and GP's inability to motivate her, the patient passed away from respiratory failure.

CONCLUSION: Although a rarity, intentional mechanical eye trauma should be considered in progressive and etiologically unclear eye pathology. By setting proper diagnosis earlier and with psychiatric treatment, this case could have had a different outcome.

CR10


Clinical presentation of vision loss after emulsification of silicone oil due to pars plana vitrectomy

Karla Bodakoš^a, Antonio Kokot^{a,b}, Slaven Balog^b

^a Faculty of Medicine, University of Osijek

^b Ophthalmology Clinic dr.Balog, Osijek

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 Karla Bodakoš 0000-0002-4912-3453, Antonio Kokot 0000-0002-4836-7536, Slaven Balog 0000-0001-6988-9432

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INTRODUCTION/OBJECTIVES: Silicone oil is used as an intraocular tamponade in the treatment of retinal detachment and significantly improves the prognosis of vision restoration. Sometimes this procedure can result in complications; therefore we want to point out the possibility of its occurrence.

CASE PRESENTATION: A 75 year old Croatian female patient came to "Ophthalmology Clinic dr. Balog" with a vision loss in her left eye. Patient had surgical procedure one year ago when pars plana vitrectomy with silicone oil instillation and cataract surgery was performed due to retinal detachment. Previous diagnosis in medical history includes arterial hypertension. There was no history of recent injury or allergy. Upon arrival, clinical examination was performed and it involved visual acuity test, slit-lamp examination and optical coherence tomography (OCT) of both eyes. Counting fingers eye test showed a great decrease in visual acuity. Furthermore, slit-lamp examination revealed oil in the vitreous cavity of the left eye and an impression of a tiny layer of emulsified oil over the macula. OCT proved the appearance of many small drops of emulsified oil on the macula. Droplets covering the surface of the macula could be the reason for a decrease in visual acuity. Patient was advised to see vitreoretinal surgeon for further discussion about removal or reinsertion of silicone oil.

CONCLUSION: We should consider this complication in patients who have had vitrectomy with silicone oil instillation in their past. So if a complication occurs it can be effectively recognized at clinical examination and adequately instructed for further procedures.