

Endophthalmitis in an Elderly Patient - A Case of Delayed Transfer and Successful Management

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Recommended Citation

Borra, Vamsikalayan; Kondapavuluru, Roy; Pillali, Sreejith; Gull, Sabhi; and Suarez Parraga, Andres, "Endophthalmitis in an Elderly Patient - A Case of Delayed Transfer and Successful Management" (2024). *Research Symposium*. 25.

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Introduction:

Endophthalmitis is a severe and potentially sight-threatening condition that demands immediate attention and intervention. It is characterized by inflammation and infection within the eye, typically caused by bacterial or fungal organisms entering the eye, often following surgery or trauma. Usually present with sudden, severe eye pain, redness, decreased vision, and photophobia. As endophthalmitis can rapidly progress and cause irreversible damage to the eye, it is considered a true ocular emergency.

Case presentation:

An 80-year-old woman, known to have Insulin-dependent Type 2 Diabetes mellitus and a history of breast cancer, arrived at the Emergency Department (ED) with persistent and worsening pain in her right eye for three days. She also experienced purulent discharge, sensitivity to light (photophobia), and swelling of the right eyelid, eventually preventing her from opening her eye. The patient denied fever, chills, trauma, or recent use of contact lenses. On examination, she exhibited conjunctival swelling (chemosis), painful eye movement (ophthalmoplegia), pus around the eyelashes, and a clouded cornea, which had worsened since admission. Initially, the patient had blurred vision that progressed to a sensation of flashing lights in her right eye.

To address the suspected diagnosis of endophthalmitis, the patient started on Cefipime, Levaquin, and moxifloxacin eye drops. Plans were made to transfer her to another facility for intra-vitreous antibiotic administration. However, due to the unavailability of on-call ophthalmologists in the local area, the patient and her husband decided to drive to the Emergency Department of the University of San Antonio, seeking expedited access to Ophthalmology services. The risks, including potential permanent vision loss due to delayed care, were explained to them before their decision. Consequently, the patient was discharged and transferred to San Antonio for further management.

During a follow-up call three days later, the patient's husband confirmed that she received intra-vitreous antibiotics. The patient reported being able to perceive hand movements in her right eye, indicating an improvement in vision. However, a surgical evaluation was still pending to assess the need for additional interventions and minimize the risk of complications.

Discussion:

Transferring endophthalmitis patients to the Ophthalmology surgeon center(OSC) is paramount in preventing vision loss. The dedicated Ophthalmology surgeon center(OSC) has the resources, expertise, and advanced diagnostic tests to manage endophthalmitis accurately. Prompt treatment with intravitreal antibiotics and vitrectomy, if needed, can halt the progression of infection and minimize damage. Timely and specialized care prevents permanent vision loss.

