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Prevention of Evisceration or Enucleation in a Patient with Endogenous *Klebsiella* Panophthalmitis and Scleral Abscess

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A 70-year-old diabetic man with *Klebsiella* liver abscess complained of painful blurred vision in the right eye for 7 days and was referred for evisceration or enucleation. Visual acuity was no light perception. Slit-lamp examination showed superotemporal scleral abscess, corneal ring-shaped infiltration and mild ocular deformity (Figure 1A). After three consecutively intravitreal and periocular injections of ceftazidime/dexamethasone combinations within one week, the abscess subsided without deformity of the eyeball (Figure 1B). Additionally, he received five consecutively intravitreal injections, the infection and inflammation subsided without recurrences during 1-year follow-up.

Severe panophthalmitis is frequently accompanied by corneal opacity, scleral abscess, and perforation or rupture. In previous reports, enucleation or evisceration was the only remaining viable treatment option when all options to salvage the eye had been exhausted. This case showed endogenous bacterial panophthalmitis and scleral abscess could be controlled by multiple intravitreal and periocular injections of antibiotics and dexamethasone.

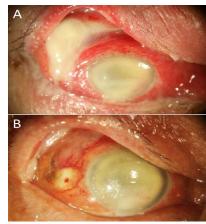


Figure 1. Endogenous *Klebsiella* Panophthalmitis and Scleral Abscess. A, slit-lamp examination showed superotemporal scleral abscess, corneal ring-shaped infiltration and mild ocular deformity. B, The abscess subsided without deformity of the eyeball after three consecutively intravitreal and periocular injections of ceftazidime/dexamethasone combinations

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