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Topical anti-fungal medicines are the mainstay of pharmacological therapy for fungal keratitis. No antifungal recommendations based on individual fungal isolation are presently available. Many of these anti-fungal treatments have varying degrees of corneal penetration activity or efficacy. The most effective method of therapy is still the use of pharmacologically active antimicrobials via a topical application. Intra-stromal injections have been controversial since they have not been found to be more effective than topical instillation.

The aim of this study was to evaluate the effect of different treatment modalities on fusarium fungal keratitis.

Intracorneal injection of antifungal agents, e.g., voriconazole.

In case of deterioration or stabilization within one week; modality was changed until a clinical response was reached.

Figure1:
Distribution
of the study
population as
regards
follow up.

Figure 2:
Success rate in the
study population.

Figure 3: Timeline of the study.

- Fusarium is a serious problem and difficult to treat. Early suspicion and detection is mandatory for resolution of infection and minimalizing potential complication.
- Our study concluded that starting topical “combined” therapy with voriconazole 1% and natamycin 5% in addition to adopting lower threshold for interventional treatment in infection with moderate or poor response to topical therapy is associated with higher rates of elimination of infection and reduction of complications.