[LETTERS TO THE EDITOR]

Should Less Invasive Treatment Options, Such as Vitrectomy, Be Considered for Endogenous Bacterial Endophthalmitis?

Key words: endocarditis, intravitreal antibiotics, vitrectomy, Group B *Streptococcus*

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To the Editor We read with interest the article entitled, “The Early Diagnosis of Endophthalmitis Due to Group B *Streptococcus* Infective Endocarditis and its Clinical Course: A Case Report and Literature Review” by Aoyama Y, et al., in Internal Medicine 58: 1295-1299, 2019 (1). The patient’s clinical course, as described by the medical team, reflected their aggressive investigations and treatments for a difficult disease and its complications. We appreciate their eagerness to treat this patient, even on the day of admission, just nine days after the patient’s eye symptoms started.

Important clinical issues arise in relation to the ophthalmic treatment course. The early administration of systemic antibiotics and intravitreal antibiotic injection are crucial for the treatment of endogenous bacterial endophthalmitis (2). However, additional prompt vitrectomy might have been another choice of treatment for this patient because vitrectomy has been reported to be associated with a better visual prognosis among patients with initial light perception-only vision (3). The patient’s visual prognosis was expected to be unfavorable (4, 5). Although the article mentioned that the

patient avoided open-surgery and enucleation (1), less-invasive treatment options, such as vitrectomy, should have been proposed at the beginning of his treatment course (2-5).

The authors state that they have no Conflict of Interest (COI).

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References

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