Fungal Endophthalmitis and Churg-Strauss Syndrome

**Key words:** Candida, vitrectomy, fluconazole

![Figure 1. Funduscopic photographs of endophthalmitis. A) Left eye. Multifocal infiltrates extending into the vitreous demonstrate typical Candida endophthalmitis lesions. B) Right eye. An arrow indicates a single white lesion of Candida choreoretinitis.](image)

A 70-year-old man with Churg-Strauss syndrome as diagnosed by histological findings and clinical features developed blurred vision and eye discomfort. He had a recent history of gastrointestinal tract surgery, and had been treated with intravenous hyperalimentation, repeated use of broad-spectrum antibiotics, and long-term prednisolone therapy. These are all known to be predisposing factors of fungal endophthalmitis. Serum *Candida* antigen was positive and β-D glucan was 20.9 pg/ml (normal range: 0–20). Ophthalmologic examination disclosed decreased visual acuity in both eyes (0.01 in left and 0.5 in right). Fundus examination of his left eye showed the presence of fluffy white infiltrates extending into the vitreous and the retinal detachment (Fig. 1A). Small white lesions were observed in the right eye (Fig. 1B, arrow). From the typical funduscopic pictures in both eyes and laboratory data, we diagnosed this case as *Candida* endophthalmitis. He was successfully treated with a combination of left vitrectomy and fluconazole therapy.


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Received for publication March 29, 2001; Accepted for publication October 24, 2001

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