SUCCESSFUL TREATMENT OF AMIKACIN SUBCONJUNCTIVAL INJECTION IN A CASE OF MYCOBACTERIUM ABSCESSUS KERATITIS AFTER LASER IN SITU KERATOMILEUSIS

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Purpose. To present an unusual case of Mycobacterium abscessus keratitis following laser in situ keratomileusis (LASIK).

Method. A case report with a review of the literature.

Result. The frequency of nontuberculous mycobacterium (NTM) keratitis after LASIK surgery is on the increase and usually presents as a single interface infiltrate with slow progress. Here we report an unusual case of NTM keratitis following LASIK surgery. A 26 y/o male presented with bilateral multiple coin-shaped infiltrates over the central and peripheral interface of the corneal stroma 6 weeks after bilateral LASIK surgery. Infectious keratitis was suspected, and flap lift and stromal bed scraping for culture and smear was performed for both eyes. The diagnosis was made by acid-fast staining of corneal scrapings and confirmed by culture results. Treatment with amikacin subconjunctival injection combining topical amikacin, levofloxacin and azithromycin without surgical intervention led to complete resolution of the infection. No recurrence of corneal infiltrates was found during the 6 month follow-up period. The final uncorrected visual acuity was 6/4(1.5) and 6/4(1.5), respectively.

Conclusion. Mycobacterium abscessus keratitis is a potentially vision-threatening complication following LASIK surgery. Early recognition and aggressive treatment if infection develops may improve the outcome. If mycobacterial infection is not responsive to multiple antibiotic therapy, subconjunctival amikacin injection may be used for an adjunctive treatment before surgical debridement or photo-therapeutic keratectomy (PTK).

Key words: nontuberculous mycobacterium keratitis, laser in situ keratomileusis

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