Our results suggest that the use of ICG dye with light exposure may increase the risk of retinal pigment epithelium damage followed by secondary changes of retina and choriodocapillaris.

REFERENCES

Endogenous *Phialemonium curvatum* Endophthalmitis
Shiri Zayit-Soudry, MD, Meira Neudorfer, MD, Adiel Barak, MD, Anat Loewenstein, MD, Edna Bash, MSc, and Yardena Siegman-Igra, MD, MPH

PURPOSE: To report a case of bilateral endogenous *Phialemonium curvatum* endophthalmitis, secondary to intrapenile injections for erectile dysfunction.

DESIGN: Observational case report.

METHODS: A 71-year-old man with *P curvatum* endocarditis and bilateral decreased vision was diagnosed as having bilateral endogenous endophthalmitis. *P curvatum* was identified in cultures that were performed on samples of the vitreous. Treatment consisted of bilateral vitrectomy and intraocular and systemic antifungals.

RESULTS: Despite resolution of the systemic infection, the patient’s postoperative visual acuity remained limited to hand movement, and the ophthalmic clinical picture remained unchanged.

CONCLUSIONS: *P curvatum* is a pathogen that can be readily isolated from the vitreous. The authors are unaware of previous reported cases of ocular infection that was caused by *P curvatum*. (Am J Ophthalmol 2005;140:755–757. © 2005 by Elsevier Inc. All rights reserved.)

**Phialemonium species**, which are grouped among the dematiaceous (dark-walled) fungi, compromise an emerging cause of infection in immunocompromised hosts. They are saprobes that are isolated from soil, air, water, and sewage. There are only a few documented reports of invasive disease caused by *Phialemonium* species, which are almost exclusively in immunocompromised patients. We report here on a patient with severe bilateral endophthalmitis caused by *P curvatum*, which was a part of a small outbreak of *Phialemonium* infective endocarditis that was linked to intracavernous penile injections for treatment of erectile dysfunction, which had been described recently. To the best of the authors’ knowledge, no similar cases of intraocular involvement by *Phialemonium* species have been described previously, and no optimal therapeutic regimens have been established.

**Report of a Case.** A 71-year-old man with a biologic prosthetic aortic valve was admitted to an internal medicine department because of fever, chest pain, and malaise. During the previous months, he had been treated for erectile dysfunction with self-administered intrapenile injections of smooth muscle relaxants that had been provided by an impotence clinic. Treatment with intravenous amphotericin B was started when growth of a mold was noticed in blood cultures. Transesophageal echocardiography demonstrated large vegetation on the aortic valve, which established the diagnosis of endocarditis. Fourteen days after admission, the patient underwent aortic valve replacement with a biologic valve. *P curvatum* grew from all blood cultures and from the biopsied valve tissue. Therapy was changed to intravenous voriconazole, and the blood cultures became negative after the operation.

Twenty-two days after admission, the patient complained of decreased vision. There was no current ocular pain or photophobia. Examination disclosed best-corrected visual acuity (VA) of 20/600 in the dexter eye and 20/500 in the sinister eye. There was mild chemosis and dense cellular response in the anterior chamber bilaterally. Cataract was noted in both eyes, and the retina could not be visualized. Ultrasound examination revealed diffuse vitreous opacities in both eyes (Figure 1A), and retinocochoroidal thickening in the left eye (Figure 1B).

The diagnosis of bilateral endogenous endophthalmitis, the result of *P curvatum* systemic infection, was suspected. Cataract extraction and pars plana vitrectomy were performed on his right eye one day and on the left eye on the next day. Marked vitreoretinitis and numerous
small round yellow-white exudates, which were presum-
ably fungal colonies that were covering the entire retina,
were noticed. Intravitreal injection of amphotericin B (4
mg/0.1 ml) was performed. Direct potassium hydroxide
stains of vitreous specimens revealed septated, hyaline
fungal hyphae. *P curvatum* grew in culture (Figure 2A),
with typical microscopic morphologic condition (Figure
2B). The identification of the fungus was confirmed in
three other mycology laboratories (CBS Fungal Biodiver-
sity Center, Utrecht, The Netherlands; Laboratory of
Microbiology at Sheba Medical Center, Tel-Hashomer,
Israel; and the Department of Clinical Microbiology and
Infectious Diseases, Hadassah Medical Center, Jerusalem,
Israel). Over the postoperative follow-up period, visual
acuity was 20/500 oculus dexter and only 20/2500 oculus
sinister, with persistence of fibrotic membranes covering
the intraocular lens. Ultrasound examination demon-
strated organized vitreous membranes in the right eye and
retinal detachment with overlying organized vitreous
membranes in the left eye.

After an explicit explanation of the potential risks and
despite the guarded prognosis, 71 days after admission a
repeat pars plana vitrectomy of the left eye was performed.
Extensive membranes could be seen in the subretinal and
subchoroidal space at surgery. The postoperative visual
acuity remained limited to 20/2500, and the clinical
picture remained unchanged.

As previously mentioned, this case represents one of
three cases of an outbreak of *P curvatum* infective endo-
carditis as the result of intrapenile injections. The source
of the uncommon pathogen was revealed to be the prefilled
syringes, because cultures of used and unused syringes grew
the same strain of *P curvatum* from all 3 patients and

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**FIGURE 1.** (A) Ultrasound image of the right eye of a patient with *Phialemonium curvatum* endophthalmitis: Transverse B scan demonstrates diffuse vitreous opacities. (B) Ultrasound image of the left eye: Transverse scan demonstrates diffuse vitreous opacities and retinochoroidal thickening.

**FIGURE 2.** *Phialemonium curvatum* isolate from the vitreous of the present case. (A) Culture on Sabouraud dextrose agar, 7 days, 28 C, demonstrates morphologic condition of cream-grayish, slightly irregular tufts of aerial mycelium colonies. (B) Photomicrographic image shows septated hyphae, with single-celled, hyaline, oval-elongated and curved conidia.
proved to be genetically identical by DNA sequencing methods.7

REFERENCES

Optical Coherence Tomography Findings in Tamoxifen Retinopathy

Vincent Gualino, MD,
Salomon Y. Cohen, MD, PhD,
Marie-Noëlle Delyfer, MD, José-Alain Sahel, MD, and Alain Gaudric, MD

PURPOSE: To describe optical coherence tomography (OCT) findings in two cases of typical tamoxifen retinopathy.

METHODS: Two patients with tamoxifen retinopathy were imaged with fluorescein angiography and OCT 3.

RESULTS: Fluorescein angiography showed foveolar hyperfluorescence. OCT revealed a foveolar cystoid space with focal disruption of the photoreceptor line. There was no evidence of macular edema or thickening.

CONCLUSIONS: In both cases, OCT findings are not consistent with previous descriptions of tamoxifen retinopathy, based on fundus examination and fluorescein angiography, which include a description of macular edema. This new imaging suggests that tamoxifen maculopathy may include a foveolar cystoid space different from macular edema. (Am J Ophthalmol 2005;140:757–758. © 2005 by Elsevier Inc. All rights reserved.)

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