T2-weighted MRI. Sinus expansion and bony erosion with evidence of remodeling have also been reported. Results of fungal cultures are often negative and may be due to sampling difficulty.

Although no standard treatment for AFS has been defined, surgical debridement and systemic corticosteroid therapy are commonly recommended. Fungal desensitization with immunotherapy injection is finding an increasing role in the treatment of this disease.

Corticosteroid therapy is based on similarities between the pathophysiological mechanisms of AFS and those of allergic bronchopulmonary aspergillosis. Antifungal agents generally are not recommended, even in cases with intracranial extension.

Figure 6. Case 2. Edematous polypoid respiratory mucosa (bottom) and eosinophilic intraluminal mucoid material (top) comprise the pathologic specimen (hematoxylin-eosin; original magnification ×100).

Figure 7. Case 2. Eosinophils predominate in the lamina propria of the respiratory mucosa (hematoxylin-eosin; original magnification ×200).

Sequestration and Late Activation of Lenticular Candida Abscess in Premature Infants

Endogenous intraocular Candida infection typically presents as chorioretinitis with varying degrees of vitreous infiltration and inflammation. In patients with concurrent or recent candidemia, intralenticular fungal abscess is rare but has been reported previously in premature infants. We report a fourth and fifth case of this unusual syndrome, emphasizing its clinical signs, peculiar clinical course, and the possibility of a good visual outcome with appropriate therapy.

Report of Cases. Case 1. An infant girl was born at 24 weeks postconceptual age and weighed 750 g. The postnatal course was complicated by bronchopulmonary dysplasia, apnea, patent ductus arteriosus, anemia, hypertension, gastrointestinal...
reflux, and subclinical necrotizing enterocolitis. The patient also de-
veloped candidemia with blood and urine cultures positive for or-
organisms at 3 weeks of age. She was found to have a large right atrial mass compatible with fungus that showed evidence of inferior vena cava ob-
struction. She was treated with am-
photericin B and fluconazole for a
total of 3 months. All cultures were
negative for organisms for the final
2 weeks of her treatment prior to dis-
charge from the neonatal intensive
care unit. Serial ocular examina-
tions revealed intralenticular opaci-
ties and a persistent tunica vascul-
osa lentis in the right eye by 3 weeks
of age, which resolved itself by age
5 weeks. The left eye was not in-
volved. At 3 months of age she was
noted to have a chorioretinal scar in
the right eye. At age 4 months, her
mother observed a “white spot” at
the edge of her pupil.

One month later, she was ex-
amined at our institution with a
3-day history of a red eye. It was
noted that there was a mass in the
pupil and beneath the iris infero-
temporally, the cornea was cloudy,
and there were dilated iris vessels as
well as iris bombe. B-scan ultraso-
nography revealed no increase in vit-
reous opacities compared with the
fellow eye. Examination results of
the left eye were unremarkable ex-
cept for 3 clock hours of stage 2,
zone 3 retinopathy of prematurity.

A fungal etiology was suspected and
blood and urine cultures were ob-
tained. The right eye was treated
with prednisolone acetate 1% and at-
ropine. After 1 week, the anterior
segment inflammation was clear-
ing with contraction of the anterior
chamber mass. There was iris ves-
sel dilation at the 9-o’clock posi-
tion with a focus of white material
at the pupillary border and under-
neath the iris. There were mildly in-
creased vitreous opacities detected
by ultrasonography.

An examination under anes-
thetia was performed (Figure 1).
Intraoperatively, after performing an
anterior chamber washout and cul-
tures, the white mass was more clearly visualized. It was located at
the temporal pupillary border, ex-
tending underneath the pupil and push-
ing the iris forward. The lens was
opacified beneath this mass. An
extracapsular cataract extraction was
performed with aspiration of
creamy-white material from be-
neath the iris and generous capsul-
lectomy, anterior vitrectomy, and in-
travitreal injection of amphotericin
B. Intraocular cultures grew Can-
dida albicans (Figure 2). She re-
ceived a 6-week course of ampho-
tericin B because of previous cardiac
problems. Her postoperative ocu-
lar course was uneventful. She was
successfully treated with a Silsoft pe-
diatric aphakic contact lens (Bausch
& Lomb, Rochester, NY) and bifo-
cal lenses, as well as part-time oc-
cclusion. The 2 small perimacular
chorioretinal scars remained stable.
Esotropia and right hypertropia were
treated with eye muscle surgery. On
the most recent follow-up at 3½
years old, the patient’s best-corrected vision in the right eye mea-
sured 5/200; her eyes were straight
(Figure 3) and fundus unchanged.

Case 2. A boy, born at 25 weeks
postconceptional age and weighing
855 g, had a postnatal course com-
plicated by respiratory distress syn-
drome, pneumonia, anemia, patent
ductus arteriosus, and hypoten-
sion. He developed candidemia and
coagulase-negative staphylococcal
sepsis that were treated with am-
photericin and vancomycin, respec-
ively, at an outside hospital.

All cultures were negative for
organisms after transfer to our fa-
cility at 38 days of age. Serial di-
lated fundus examinations were per-
formed from 7 weeks to 3 months
of age, when threshold retinopathy
of prematurity was diagnosed. In-
direct laser photoacoagulation of
avascular peripheral retina using ap-
proximately 1300 green diode laser
spots was performed bilaterally. Re-
gression of the retinopathy was
noted at the first postoperative ex-
amination 1 week later. During this
examination a 1-mm, discrete, round, anterior lens opacity with an
associated iridolenticular adhesion

![Figure 1. Case 1 had inflamed eye with a white mass beneath the pupil.](image1)

![Figure 2. The intraocular cultures in case 1 grew Candida albicans.](image2)

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Vitreous Opacities and Retinal Vascular Abnormalities in Gaucher Disease

Gaucher disease is an autosomal recessive lipid-storage disease. Deficiency in the enzyme glucosylceramidase, normally present in macrophage lysosomes, leads to accumulation of glucosylceramide in scavenger macrophages and subsequent deposition in the organs of the reticuloendothelial system (liver, spleen, and bone marrow). Enlarged macrophages with a foamy cytoplasm, likened to “crinkled tissue paper,” with an eccentrically placed nucleus (Gaucher cells) are abundant, leading to organomegaly with resultant pancyclopenia. In the past, many affected pa-