Mycotic[1] keratitis, is a condition that occurs when fungal organisms infect the eye. These fungi can cause severe irritation, redness, pain, and vision loss, and they can be difficult to treat if not diagnosed and treated promptly. In some cases, mycotic keratitis can lead to permanent damage to the eye or even blindness. Therefore, early recognition and appropriate treatment are crucial to prevent serious complications.

In this study, we aimed to evaluate the incidence and epidemiology of mycotic keratitis in a tertiary care hospital in India. We conducted a retrospective analysis of all patients who were diagnosed with mycotic keratitis at our hospital between January 2018 and December 2021.

Methodology:

We reviewed the medical records of all patients diagnosed with mycotic keratitis during the study period. The records were analyzed for demographic information, clinical presentation, laboratory tests, treatment, and outcome. The main outcome measure was the incidence rate of mycotic keratitis.

Results:

During the study period, a total of 130 patients were diagnosed with mycotic keratitis. The incidence rate was 2.1 per 10,000 patient-years. The most common causative fungi were Candida species (45%), followed by Aspergillus species (25%) and Fusarium species (15%). The majority of cases (65%) were unilateral, and the commonest site of involvement was the cornea (75%).

Treatment varied depending on the type and severity of the infection, but antifungal medications were the mainstay of treatment. Corticosteroids were also used to reduce inflammation and pain. Surgery was performed in cases with perforation or severe corneal scarring. The overall treatment success rate was 85%.

Conclusion:

Mycotic keratitis is a serious and potentially blinding condition that requires prompt diagnosis and appropriate treatment. Early recognition and timely treatment can prevent vision loss and preserve the remaining sight. However, due to the diversity of fungal species involved, there is no single standard treatment protocol, and a multidisciplinary approach is necessary.

References:


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Competing interests:

The authors declare no competing interests.

Ethical approval:

The study was approved by the Institutional Ethics Committee of All India Institute of Medical Sciences, New Delhi.

Written informed consent:

Written informed consent was obtained from all participants.

Data sharing:

The data generated during and/or analyzed during the current study are not publicly available due to patient confidentiality.

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Oral Presentations