There’s more to this than meets the eye
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A 53-year-old Cook Island Māori woman presented with sudden loss of vision in her left eye, preceded by two days of fevers and malaise. Ocular examination revealed a dense left eye hypopyon (arrow) with corneal haze and vitreous debris (Figure 1) in keeping with the diagnosis of endophthalmitis. Vitreous aspirate with antibiotic injection was performed and the aspirate grew Streptococcus Lancefield Group G. Further clinical examination revealed Janeway lesions (Figures 2A and B), splinter haemorrhages (Figure 2C) and a pan-systolic murmur. Transoesophageal echocardiography demonstrated large mitral valve vegetation (19mm) with moderate regurgitation (Figures 3A and B). Cardiac surgery was considered but not deemed necessary as the vision loss could not be salvaged and she was well with no further embolic event. Thus, she was commenced on six-week intravenous penicillin.

Endophthalmitis is defined as a bacterial or fungal infection within the eye involving the vitreous and/or aqueous humour. It is a rare but potentially vision-threatening medical emergency. Most cases are exogenous from trauma, eye surgery or extension of keratitis, whereas endogenous bacterial endophthalmitis is most commonly caused by endocarditis. This diagnosis should be considered in patients with painful eye or reduced vision in the setting of bacteraemia.

Figure 1: Hyperaemic conjunctiva and hypopyon (arrow).
**Figure 2:** A and B Janeway lesions, C splinter haemorrhages.

**Figure 3:** A) Vegetation (arrow) on mitral valve, associated with b) regurgitation on transoesophageal echocardiography.
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Nil.

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