

Abstract 243

PRESUMED STERILE CLUSTER ENDOPHTHALMITIS POST-INTRAVITREAL TRIAMCINOLONE: A RARE CASE SERIES

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Intravitreal triamcinolone acetonide is widely used in managing various retinal pathologies due to its potent anti-inflammatory properties. However, sterile endophthalmitis, though uncommon, remains a notable adverse effect, especially when occurring in clusters. This case series highlights a rare presentation of presumed sterile cluster endophthalmitis following intravitreal triamcinolone injections. Aim- To report a rare cluster of presumed sterile endophthalmitis following intravitreal triamcinolone acetonide injection in patients with chronic diabetic macular edema (DME) and to describe the therapeutic approach and visual outcomes.

Methods:

Study Design: Observational case series.

Setting: Single operating theater setup.

8 patients received intravitreal anti-VEGF (Ranibizumab).

3 patients received intravitreal anti-VEGF (Ranibizumab) + Triamcinolone acetonide (Kenacort, 4 mg in 0.1 ml).

All 3 patients who received combined intravitreal Ranibizumab and Triamcinolone presented with acute-onset symptoms of endophthalmitis within 5–24 hours post-injection. None of the 8 patients who received anti-VEGF monotherapy developed any complications.

Case 1:

Onset: 5 hours post-injection

Vision: HM

IOP: 16 mmHg

Signs: Lid edema, severe conjunctival congestion, corneal edema, epithelial defect, AC cells 2+, flare 3+, vitritis grade 4

Treatment: Vitreous tap, core vitrectomy, intravitreal vancomycin, ceftazidime, dexamethasone

Final VA 6/12

Case 2:

Onset: 7 hours

Vision: HM

IOP: 13 mmHg

Signs: Lid edema, corneal edema, epithelial defect, AC cells 2+, flare 3+, vitritis grade 4

Treatment: Same as Case 1

Outcome: Final VA 6/9

Case 3:

Onset: 24 hours

Vision: PL+

IOP: 19 mmHg

Signs: Lid edema, corneal edema, AC cells 2+, flare 2+, vitritis grade 4

Follow-up: Lost to follow-up

Cultures of vitreous samples ,same vials of Triamcinolone and Ranibizumab used- No growth

- 1.Early presentation with prompt intervention and regular follow up are the major markers of visual outcome in sterile endophthalmitis.
- 2.Early vitrectomy is associated with better visual outcomes.
- 3.The visual prognosis is good and the final visual outcome is mostly dependent on the underlying disease.

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