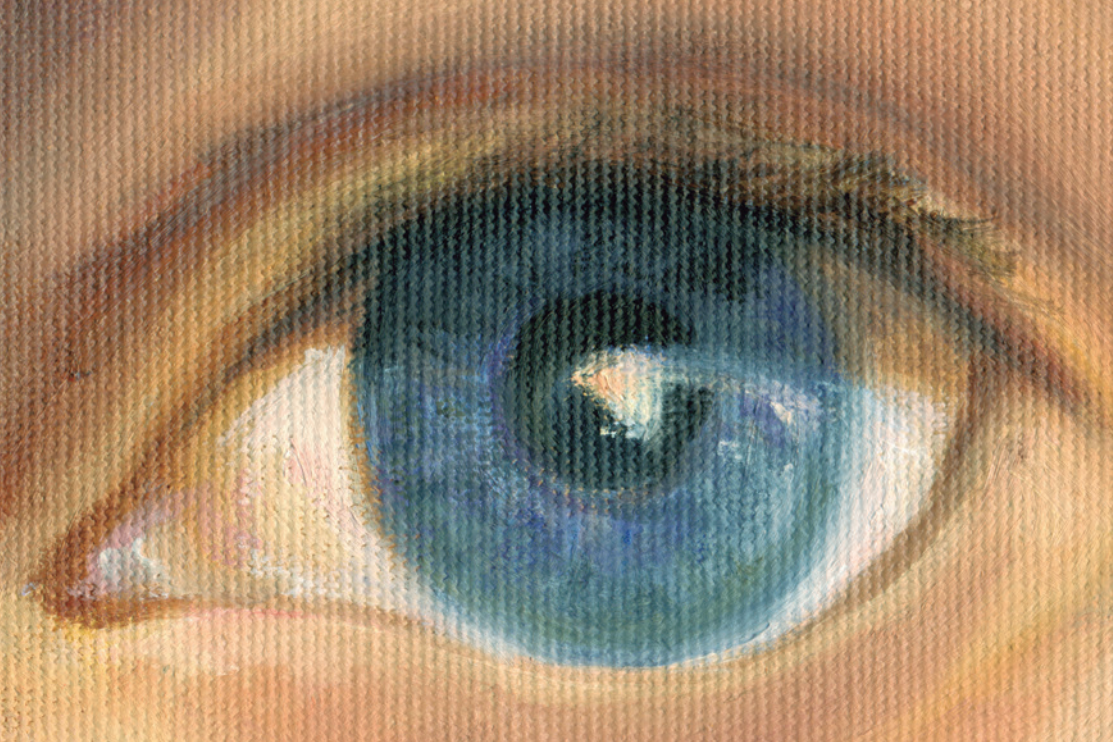


ARQUIVOS BRASILEIROS DE  
**Oftalmologia**



PUBLICAÇÃO OFICIAL DO CONSELHO BRASILEIRO DE OFTALMOLOGIA  
JULHO/AGOSTO 2016

SUPLEMENTO  
**79 04**



**60º Congresso Brasileiro  
de Oftalmologia**

**Temas Livres,  
Pôsteres e  
Relatos de Casos**



**3 a 6 de setembro de 2016**

**Centro de Convenções de Goiânia  
Goiânia - GO**

**Tuliana**

INDEXADA NAS BASES DE DADOS

**MEDLINE | EMBASE | ISI | SciELO**





(<http://www.cbo2016.com.br>)

Início » Programação » Sessão de Relato de Caso

## Sessão de Relato de Caso

Código: RC024

Área Técnica: Córnea

### INSTITUIÇÃO ONDE FOI REALIZADO O TRABALHO

- **Principal:** Universidade Federal do Rio Grande do Sul (UFRS)

### AUTORES

- GABRIELLE SENTER (Interesse Comercial:NÃO)
- DIANE MARINHO (Interesse Comercial:NÃO)
- CLAUDETE LOCATELLI (Interesse Comercial:NÃO)

### Título

SCYTALIDIUM DIMIDIATUM KERATITIS - A CASE REPORT

### Objetivo

To report the first case of *S. dimidiatum* keratitis in Brazil.

### Relato do Caso

Eighty-year-old male, coming from the countryside, was admitted to the emergency unit of the Hospital de Clínicas de Porto Alegre. He complained of severe ocular pain and visual acuity loss in his left eye following a vegetable close globe injury thirty days ago. His best corrected visual acuity was "hand motion" perception. Anterior biomicroscopy showed diffuse intense conjunctival hyperemia, central corneal ulceration (4.7 x 6.3mm) with flocculated aspect, stromal infiltration, satellite lesions and wide anterior chamber. Corneal scrapings for culture and direct microscopy were performed. Empirical therapy with natamycin 5% eye drop q1h and gatifloxacin 0,5% eye drops q4h was initiated, considering the high clinical suspicion of fungal disease. One week after, the patient did not show clinical improvement. The culture was sent to the Mycology Laboratory for confirmatory identification and susceptibility tests. Macromorphology diagnostic revealed feathery colonies with central aerial mycelium and grayish brown color. Culture micromorphology showed wide, branched and septate dematiaceous hyphae, allowing the phenotypical identification of a phaeohyphomycosis caused by *Scytalidium dimidiatum*. Susceptibility testing was conducted. The isolate was sensible to Amphotericin B and Itraconazole. The patient was reevaluate. The exam showed purulent secretion, persistent ulceration and corneal melting. Due to the susceptibility profile of the isolated fungus, we changed natamycin 5% eye drops to amphotericin B 0,5% q1h and prescribed Itraconazole, 200 mg per day PO. Six days after, with no clinical improvement, we performed a therapeutic penetrating keratoplasty along with anterior chamber and intravitreal injection of voriconazole and amphotericin B. Nine months after TPK, the patient showed no clinical evidence of fungal relapse.

### Conclusão

Due to only few case reports of *Scytalidium* keratitis, it is difficult to establish a clinical presentation and evolution pattern for the infection.

[← Voltar](#) [↑ Topo](#) (Javascript:void(0))



Realização



Departamento de Oftalmologia  
da Associação Médica Brasileira

(<http://www.cbo.com.br>)

Transportadora Oficial



(<http://www.shuttle.com.br>)

Agência Web