INTRACAMERAL AND INTRASTROMAL VORICONAZOLE ADMINISTRATION IN FUSARILM KERATITIS

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BACKGROUND

FUNGAL KERATITIS

CAUSE
Aspergillus
Fusarium
Penicillium

SYMPTOMS
Pain
Secretions
Blurred vision
Photophobia

<6% infectious keratitis

The delay in diagnosis in most cases makes treatment difficult

PURPOSE

FUSARILM KERATITIS (contact lenses wearer)

REFRACTORY TO CONVENTIONAL TREATMENT

ADDED TREATMENT WITH VORICONAZOLE 0.05%

INTRACAMERAL AND INTRASTROMAL

MATERIAL AND METHODS

VERTICAL LAMINAR FLOW HOOD

19 ml API

10 mg/ml

200 mg voriconazole

1 ml reconstituted voriconazole

0.5 ml of preparation in 1ml syringe

0.2 micron filter

0.5 ml

THE RECONSTITUTED VIAL AND THE PREPARATION HAVE A STABILITY OF 24 HOURS AT 2-8 ºC

EFFICACY CRITERIA

• ABSCESS SIZE

• HYPOPYON LEVEL (fibrin and leukocytes in anterior chamber)

• TYNDALL (inflammatory cells in anterior chamber)

RESULTS

3 INJECTIONS (2 MONTHS)

VORICONAZOLE 0.05%

Corneal abscess before adding treatment with injections

Abscess size, hypopyon level and tyndall decreased and topical and systemic treatment was progressively diminished

CONCLUSIONS

Compared to several published studies in which the use of 0.05% and even 1% intracameral voriconazole showed no efficacy for the treatment of Fusarilm keratitis, our experience demonstrates that it is an effective strategy which manages to accelerate the resolution of the infection and prevents further complications.

ACKNOWLEDGEMENTS: Thank you to my workmates