

Not all that glitters is chloramphenicol: the importance of an ophthalmology assessment in the acutely agitated elderly patient



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Learning Objectives



1. Describe an ophthalmic assessment in a delirious patient.
2. Identify the common signs of infective keratitis.
3. Appreciate when to escalate to ophthalmology.

Case Report



83-year-old gentleman was admitted to hospital for heart failure and chronic leg ulcer management. He has a past ocular history of **right eye enucleation** (secondary to endophthalmitis) and **left AMD**. His right eye had an orbital prosthesis. During his hospital stay, he became **acutely agitated** and a confusion screen was carried out for delirium. On further examination, it was noted that he had **lost vision** in his left eye (OS VA 6/60) and several corneal opacifications. He was commenced on **chloramphenicol drops** and monitored for a subsequent 2 days. On day 3, there was no light perception and a large epithelial defect with significant mucopurulent discharge. He was reviewed urgently by ophthalmology and treated as ***Pseudomonas keratitis*** with poor prognosis, eventually losing vision in his only eye.

Learning Points



1. Infectious keratitis can lead to **blindness**, and classically presents with reduced vision, conjunctival inflammation, corneal defects & discharge.¹
2. Delirious patients will not guide you to the source of their eye problem.² An initial ward-based **ophthalmic assessment** needs to be promptly undertaken and should include³:
 - A. Visual acuity
 - B. Eye movements
 - C. Pupillary reflexes
3. Attention must be paid to managing patients with monocular vision. ***Pseudomonas aeruginosa*** is the most common gram-negative organism isolated in bacterial keratitis and progresses rapidly if inadequately treated.
4. Earlier discussion with ophthalmology is required to preserve sight in a single healthy eye (e.g. antibiotic regime).

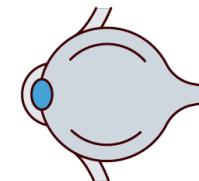


Figure 1. Right prosthetic eye and left bacterial keratitis (*P. aeruginosa*).

References

- (1) Yanoff & Duker Ophth 2009
- (2) Johnson et al BMJ 2001
- (3) RCP Look Out! 2017

Patient consent was obtained for this educational case report.

Contact

