Ophthalmology and Visual Sciences



Infectious Crystalline Keratopathy

Category(ies): Cornea

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Photographer: Antoinette Venckus, CRA; Photomicrographs by Nasreen Syed, MD

This 73-year-old male patient presented to the Cornea service with a one-week history of right eye redness and pain. He had a remote history of open globe with multiple subsequent penetrating keratoplasties and a recent macula-involving retinal detachment all in the right eye with resulting hand motions vision. He was diagnosed with suture-related infectious crystalline keratopathy with associated epithelialized stromal melt. The dense crystals seen within the deep stroma represent arborizing aggregates of an infectious agent, often alpha-hemolytic streptococcus or Candida albicans, and often originating from a suture track. Microbial colonies proliferate within stromal lamellar spaces and are shielded by a biofilm [1]. Corneal cultures are often negative. Lack of host inflammatory response may be due to chronic immunosuppression, tear film irregularity, or suture [2].

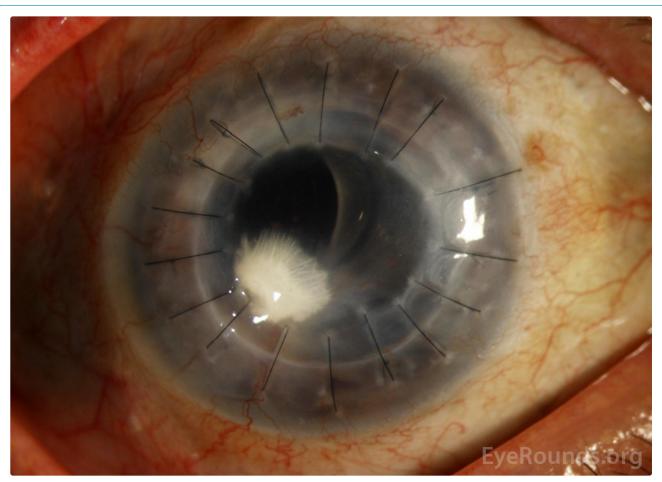


Figure 1. Slit lamp photograph of the right eye shows mild injection, penetrating keratoplasty graft with 1 x 1 mm epithelialized melt with white crystalline infiltrate sprouted within stroma extending 2.5 mm x 2.5 mm and large keratic precipitates posterior to involved area. Patient was also noted to have central striae, stromal edema, and Descemet's folds with no cell, 1+ flare, and inferonasal membranes along endothelium and iris. Corneal scraping was negative.

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Figure 2. Lower power photomicrograph (H&E stain, original magnification = 50x) of cornea demonstrates sequestrations of basophilic granular material (arrows) within the corneal stroma adjacent to a previous penetrating keratoplasty wound.

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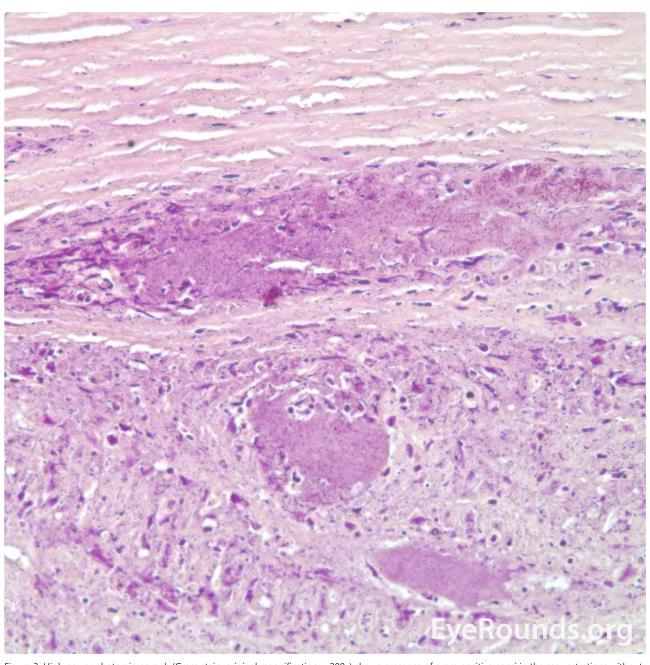
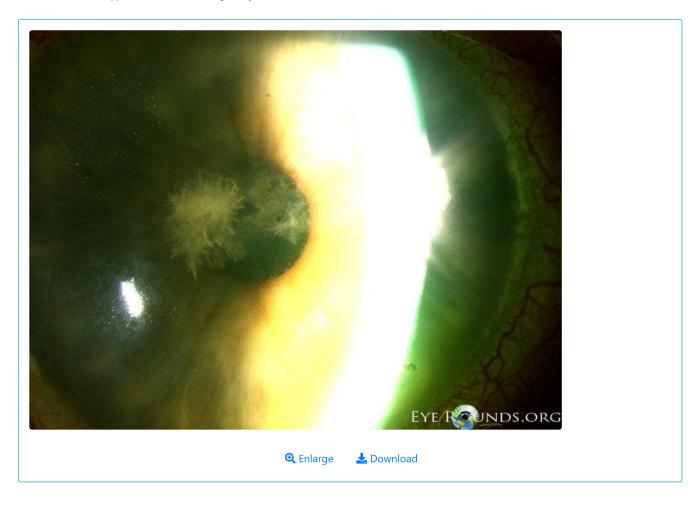


Figure 3. High power photomicrograph (Gram stain, original magnification = 200x) shows presence of gram positive cocci in the sequestrations without appreciable surrounding inflammation.

Contributor: Matt Ward, MD

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Contributor: Andrew Doan, MD, PhD

Infectious crystalline keratopathy in corneal transplant graft. Often strep viridans is the culprit.





Reference:

• Porter AJ, Lee GA, Jun AS. Infectious crystalline keratopathy. Surv Ophthalmol 2018;63(4):480-499. https://PubMed.gov/29097211. DOI: 10.1016/j.survophthal.2017.10.008

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• Mannis MJ, Holland EJ. Cornea. Fourth edition. ed.

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