

PO-05

Advances in the treatment of Acanthamoeba keratitis

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PURPOSE: To compare the conventional and new treatment protocols for Acanthamoeba keratitis.

METHODS: Two clinical cases with favorable outcomes, each treated based on a different protocol.

RESULTS: Confirmation of Acanthamoeba is based on recognition of clinical picture, microbiological cultures or PCR, and/or In vivo confocal microscopy (IVCM). The conventional protocol consists of 0.02% PHMB and/or 0.02% chlorhexidine, administered hourly until stabilization. Corticosteroids are considered potentially beneficial. More recently, a new protocol emerged using 0.08% PHMB as monotherapy, also administered hourly until stabilization.

Case 1: A 28-year-old female with stromal keratitis in the right eye presented with symptoms lasting for 2 weeks and was also treated with corticosteroids. The initial visual acuity was counting fingers. The infection was confirmed through culture growth and IVCM. Initial treatment following the conventional protocol included 0.02% PHMB and 0.02% chlorhexidine administered hourly. After stabilization, the regimen was changed to propamidine. The total treatment duration was 1 year, without relapses. Final visual acuity was 1.0.

Case 2: A 46-year-old female with stromal keratitis in the right eye presented with symptoms lasting for 2 weeks and was also treated with corticosteroids. The initial visual acuity was 0.2. The infection was confirmed through culture growth and verified with IVCM. She was treated according to the new protocol with 0.08% PHMB monotherapy, administered hourly. The initial dose was gradually tapered to a maintenance dose. Her visual acuity was 1.0 after 2 months, without relapses.

CONCLUSION: With the new protocol, we achieve a rapid response and recovery of visual acuity, and it is comparable to the conventional one. Regardless of the protocol, the use of topical corticosteroids is controversial, as they may trigger a recurrence and should therefore be avoided. The final outcome depends on the initial stage of the disease, so early diagnosis with microbiological tests and IVCM is crucial.

Novosti pri zdravljenju keratitisa zaradi okužbe z Acanthamoebao

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NAMEN: Primerjava klasičnega z novim protokolom zdravljenja keratitisa z Acanthamoebao.

METODE: Predstavitev dveh kliničnih primerov z ugodnim izhodom, obravnavanih po dveh različnih protokolih.

REZULTATI: Za postavitev diagnoze je potrebna ustrezna klinična slika, mikrobiološka potrditev s kulturo ali PCR in/ali prikaz cist z In vivo konfoklano mikroskopijo (IVKM).

Klasični protokol je 0,02% PHMB in 0,02% klorheksidin v odmerkih na 1 uro do stabilizacije. Uporaba kortikosteroidov je najverjetneje koristna. Nedavna literatura navaja nov protokol z monoterapijo 0,08% PHMB v odmerku na 1 uro do stabilizacije.

Primer 1: 28-letna bolnica s stromalnim keratitisom na desnem očesu, ki je imela simptome, trajajoče 2 tedna, in je bila zdravljena tudi s kortikosteroidi. Izhodiščna vidna ostrina je bila štetje prstov. Okužba je bila potrjena s kulturo in IVKM. Začetno zdravljenje po klasičnem protokolu je vključevalo 0,02% PHMB in 0,02% klorheksidin na 1 uro. Po stabilizaciji stanja je prejela propamidin. Skupno trajanje zdravljenja je bilo 1 leto, brez ponovitev. Končna vidna ostrina je bila 1,0.

Primer 2: 46-letna gospa s stromalnim keratitisom na desnem očesu, ki je imela simptome, trajajoče 2 tedna, in je bila zdravljena tudi s kortikosteroidi. Izhodiščna vidna ostrina je bila 0,2. Okužba je bila dokazana s kulturo in potrjena z IVKM. Zdravljena je bila po novem protokolu z monoterapijo 0,08% PHMB na 1 uro. Začetni odmerek je bil postopoma znižan na vzdrževalni odmerek. Vidna ostrina po 2 mesecih je bila 1,0, brez ponovitev.

ZAKLJUČEK: Z novim protokolom dosežemo hiter odgovor in povrnitev vidne ostrine in je primerljiv s klasičnim. Ne glede na protokol je uporaba topičnih kortikosteroidov kontradiktorna, saj lahko povzročijo ponovni zagon in se jim zato izogibamo. Na končni rezultat pomembno vpliva začetni stadij bolezni, zato je zgodnja diagnostika z mikrobiološkimi preiskavami in IVKM ključna.