Purpose: To present a case with unilateral endogenous endophthalmitis and concomitant sclera ulcer.

Methods: Case report and literature review.

Results: A 64-year-old woman went to ER for fever with visual loss in the left eye. The BCVA was 6/60. Ocular examination revealed hyperemic conjunctiva, corneal edema, hypopyon, and blurred fundus. B-scan showed vitreous opacity. Endogenous endophthalmitis was diagnosed as abdominal CT revealed liver abscess. Besides systemic antibiotic therapy, we performed IWI with Vancomycin plus Cefepime immediately. Blood and vitreous cultures yielded Klebsiella pneumoniae 4 days later. She also received topical AV (Amikacin plus Vancomycin) solution Q1H. Twelve hours later, there were moderate cells at anterior chamber without hypopyon. Elevated intraocular pressure was noted. We tapped AV frequency and added anti-glaucomatous medication. Swelling eyelid, chemosis and central corneal epithelial defect were found 24 hours after IWI. Orbital CT showed abnormal fluid collection over subconjunctiva area. Initially we recognized it as inflammatory reactions of AV and kept tapping AV frequency. We prescribed topical Cavit, PredForte and Rinderon with AV in day 5. Two days later, persistent chemosis with temporal corneal infiltration were noted. Necrotic tissue over inferior temporal sclera was found after peritomy. We ceased topical steroid and underwent Amikacin local irrigation daily. As systemic KP infection was under control, she was discharged with clear anterior chamber and fair sclera 1 month later.

Conclusions: In our case, we presumed that the pathogen in vitreous could spread through the minimally invasive tract of needle and infect the adjacent tissue including sclera. We suggest taking precautions in any invasive procedure with meticulous topical steroid usage during treatment course.

PO-102

Bilateral Panuveitis with Positive Quantiferon Test- Case Report

Purpose: Tuberculosis is one of the most important infectious disease worldwide. The prevalence of tuberculosis in uveitis patients varies in the literature between 0.5 and 17%. We present a case of uveitis with positive Quantiferon, and without any systemic evidence of tuberculosis. We review the literature for the diagnosis and management.

PO-103

A Case of Alifercept with Treatment-Naive Hemicentral Retinal Vein Occlusion: Six Months Follow up

Purpose: To report our preliminary experience of Alifercept with treatment-naive hemicentral retinal vein occlusion (HCRVO) during 6-month period of follow up.

Methods: Case report and literature review.

Results: A 63-year-old female was diagnosed as unilateral HCRVO by fluorescein angiography (FFA). The best corrected visual acuity (BCVA) was 6/60 in the affected eye and 20/20 in the other eye. Macular edema (ME) was also noted by optical coherence tomography (OCT). The BCVA improved to 6/15 with complete subretinal fluid (SRF) resolution after first intravitreal Alifercept 2.0mg. We planned the regimen as two loading doses monthly followed with pro re nata (PRN) treatment protocol. The patient returned and underwent OCT examinations monthly. The BCVA declined to 6/60 with presence of SRF 3 months after the second loading treatment. The SRF still disappeared after the third intravitreal injection. The BCVA returned to 6/15 again.

Conclusions: Our preliminary experience shows that...