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Figure. The patient's right (A) and left (B) eyes as seen on fundus examination, with notable vitreous haze and multifocal yellow-white chorioretinal lesions. Used with permission of Kuan-Jen Chen, MD, Department of Ophthalmology, Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Taoyuan, Taiwan.

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A 34-year-old man with diabetes presented to the emergency department with a 1-week history of fever, general malaise, and bilateral blurred vision. He had no history of ocular surgery. On ophthalmologic consultation, his visual acuity was 20/50 in the right eye and counting fingers in the left eye. Slit-lamp biomicroscopic and fundus examination was performed. Slit-lamp biomicroscopic examination showed 3+ cells without a hypopyon in the anterior chamber of each eye. Fundus examination revealed multiple subretinal/choroidal infiltrations and vitreous opacities, especially in the left eye (Figure). Blood, urine, and vitreous cultures were obtained.

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For the diagnosis and teaching points, see page e4.

IMAGES IN EMERGENCY MEDICINE

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DIAGNOSIS:

Endogenous candida endophthalmitis caused by urinary tract infection. Vitreous, urine, and blood cultures grew *Candida albicans*. The patient received a diagnosis of ureterolithiasis with obstructive hydronephrosis, septic shock, and endogenous candida endophthalmitis. He was treated with systemic fluconazole and repeated intravitreal injections of voriconazole. Because of persistent dense vitreous opacities in the left eye, pars plana vitrectomy was performed. Three months later, subretinal and choroidal infiltrations resolved. His best-corrected visual acuity was 20/20 in the right eye and counting fingers in the left eye, with a residual macular scar.

Endogenous fungal endophthalmitis is a rare, potentially devastating condition with a poor visual prognosis; endogenous candida endophthalmitis usually occurs in at-risk patients such as immune-compromised individuals, intravenous drug users, and those with indwelling lines or catheters.^{1,2} The most common causative pathogen identified is the yeast *C albicans*.^{2,3} Systemic and intravitreal antibiotics with or without vitrectomy is the main treatment for endogenous fungal endophthalmitis.¹⁻³

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