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## **ASPERGILLUS ENDOPHTHALMITIS: PARS PLANA VITRECTOMY IS AN ALTERNATIVE**

Sir,

I read with interest a case, reported by Hosseini *et al.*,<sup>[1]</sup> of a 22-year-old man with allogenic orthotopic liver transplantation who suffered from *Aspergillus* endophthalmitis. The visual outcome of this patient was poor, despite prompt intravenous treatment with amphotericin, switched to intravenous voriconazole. I agree that in the past, *Aspergillus* endophthalmitis was associated with very poor visual outcome,<sup>[2]</sup> but I have some concerns about the medical management and absence of surgical treatment, which could have led to such poor visual outcome.

During the last few years, considerable effort has been made to recognize the main risks for an immunocompromised patient to suffer from fungal ocular infection. There have been some reports of successful outcome only with the addition of intravitreal amphotericin as an antifungal drug,<sup>[3-4]</sup> but better outcome has been achieved with surgery in cases of fungal endophthalmitis. It consists of pars plana vitrectomy,<sup>[5]</sup> as has been recently reported in the largest series of cases published, in which 73% (16/22) recovered visual acuity of 'counting fingers' or better.

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