

Case Report***Nocardia* keratitis : A case report**SK Jayatilleke¹, DHH Wariyapola¹, KAE Fernando², YWS Suranadee¹*Sri Lankan Journal of Infectious Diseases 2013 Vol.3(2):43-45*DOI: <http://dx.doi.org/10.4038/sljid.v3i2.5727>**Key words:** *Nocardia*; infective keratitis; post renal transplant**Abstract**

Infective keratitis can on occasion end up in diagnostic difficulty. This is more so if the patient is on immunosuppressants as it can alter the clinical presentation. We report a case of a 39 year old patient who underwent renal transplantation in 2007, and is currently on immunosuppressants. She presented with a painful red eye and had features of marginal keratitis. There was a poor response to empirical antibiotic therapy. Due to the prolonged disease process and infiltration of the cornea, she had an imminent perforation. Surgical intervention and appropriate antibiotic therapy following identification of the causative organism as *Nocardia spp.* resulted in full recovery. Although there are a few case reports of *Nocardia* keratitis in immuno-compromised patients in the international literature, this appears to be the first documented case reported in Sri Lanka.

Introduction

The management of infective keratitis is challenging. Difficulties may be encountered if the infective agent shows poor response to the anti-microbial agent or if the diagnosis is delayed.

Case report

A 39 year old school teacher had a renal transplantation done in 2007 and since then had been on immunosuppressants. She underwent uncomplicated cataract surgery in her left eye in May 2012. Two months later, she presented with pain in the same eye and reduced vision (6/9). Examination confirmed blepharitis and an infiltration in the inferior cornea and moxifloxacin eye drops were started empirically.

Eye scrapings yielded coagulase negative *Staphylococcus spp.* With the presence of blepharitis, a diagnosis of marginal keratitis was made and topical dexamethazone commenced. No clinical improvement was noted in the next 2 weeks. The infiltration worsened with the formation of a stromal abscess. Culture samples from the abscess did not yield a causative organism. As stromal thinning continued with the risk of perforation, a Gunderson conjunctival flap grafting was performed. Fresh scrapings were taken at the time of the graft. This sample was directly inoculated at the theater itself onto Blood agar,

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