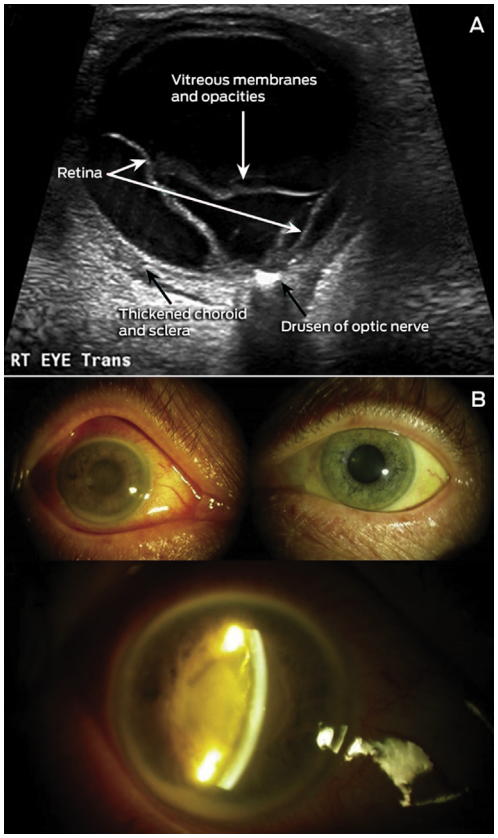
Snapshot

Gas gangrene of the eye: endogenous *Clostridium perfringens* endophthalmitis

A 59-year-old woman presented with gas gangrene of the leg and no perception of light in her right eye. Ultrasound showed right eye wall thickening and septations within the vitreous chamber indicative of endogenous endophthalmitis and retinal detachment (Figure, A). Intravitreal tap yielded a gaseous haemoserous sample and injection of ceftazidime and vancomycin was performed. *Clostridium perfringens* was isolated from the vitreous tap and the leg amputated. Slit lamp examination revealed right corneal oedema, anterior chamber shallowing secondary to a dense fibrin plaque overlying the pupil and a streak hypopyon (Figure, B). The patient responded to systemic piperacillin–tazobactam, intravitreal and topical therapy with the right eye retained and vision unchanged.



Endogenous *C. perfringens* endophthalmitis is blinding and has invariably led to surgical removal of the globe.[1,2] Our case highlights the importance of rapid vitreous microscopy and intravitreal antibiotic therapy as a globe saving measure. Metastatic endophthalmitis should be considered in patients with necrotising soft tissue infections and ocular complaints.

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References are available online at www.mja.com.au.

1 Frantz JF, Lemp MA, Font RL, et al. Acute endogenous panophthalmitis caused by *Clostridium perfringens*. *Am J Ophthalmol* 1974; 78: 295-303.

2 Crock GW, Heriot WJ, Janakiraman P, Weiner JM. Gas gangrene infection of the eyes and orbits. *Br J Ophthalmol* 1985; 69: 143-148. ■