Sir,
Management of *Rhodotorula* scleritis

Infectious scleritis should be suspected in all cases of scleral inflammation following trauma.^{1,2} We report a case of microbial scleritis owing to the fungus *Rhodotorula* spp. and discuss its treatment.

Case report

A 40-year-old Asian-Indian lady complained of pain, redness, and a swelling on the left eye for 15 days preceded by trauma. Vision in both eyes was 6/6. Right eye was unremarkable. The left eye had a congested, non-ulcerated, scleral nodule measuring 5 mm in diameter on the temporal aspect of the limbus (Figure 1a). There was no keratitis, uveitis, or posterior segment abnormality. Review of systems was normal. Exploration revealed a tense intrascleral abscess that was excised en-mass. The pus was aspirated carefully to prevent contamination and sent for culture. There was no foreign body. Culture showed the presence of yeast that

Figure 1 (a) Scleral abscess owing to *Rhodotorula* spp. (b) Healed scleritis with minimal scleral thinning.

was identified as *Rhodotorula* spp. Topical amphotericin B 0.15% was instilled hourly. A boggy swelling reappeared 4 days later for which she underwent repeat surgical debridement under topical anaesthesia and irrigation with amphotericin. She responded well and amphotericin drops were tapered over 1 month. She did not have any recurrence of inflammation over the next 6 months and maintained a vision of 6/6 with minimal scleral thinning (Figure 1b).

Comment

Although ocular fungal infections are not uncommon in the tropics, they are usually caused by filamentous fungi.¹ *Rhodotorula* is a yeast of the family Cryptococcaceae that has been identified as a conjunctival commensal.³ It has been implicated in canaliculitis, endophthalmitis, and keratitis.^{4,5} We have not encountered any report of it causing scleritis.

Fungal scleritis is usually managed with debridement and prolonged topical and systemic antifungal medication.^{2,5} The antifungal drug of choice for *Rhodotorula* is either flucytosine or amphotericin B.⁴ Flucytosine cannot be used alone owing to rapid development of resistance.⁵ Intravenous amphotericin B is effective but can cause nephrotoxicity, anaemia, and thrombophlebitis.⁵ Also, cases of *Rhodotorula* keratitis responded poorly to antifungals and required surgical intervention.⁵ Therefore, we chose to perform repeated debridements to decrease the organism load along with topical amphotericin to eradicate the infection that resulted in a favourable outcome without systemic side effects.

Conflict of interest

The authors declare no conflict of interest.

References

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