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Diagnosis, Clinical Presentations, and Outcomes of *Nocardia* Endophthalmitis



EDITOR:

WE READ WITH INTEREST THE RECENT EXCELLENT ARTICLE by Dave and associates describing clinical features and outcomes of eyes with *Nocardia* endophthalmitis.¹ The authors noted that, similar to another large series from India, the majority of cases occurred soon after cataract extraction in immunocompetent patients who presented with extensive anterior chamber inflammation. These postoperative virulent presentations are to be contrasted with the indolent cases we and other groups have previously described associated with endogenous spread and choroidal abscesses in immunocompromised patients.^{2,3} Although the causative organism is the same, there is a clear difference in presentation, diagnosis, and rate of positive culture from anterior chamber or vitreous tap alone between the postcataract extraction and endogenous cases. We humbly suggest that these should be treated and discussed as 2 distinct pathologic entities.

To further elucidate this difference it would be valuable to know the specific presentation of the 3 endogenous eyes in the current series and whether speciation from these cases was achieved via in-office vitreous tap or vitrectomy aspirate; in our prior series 3 of 5 eyes had no growth on cultures of vitreous sample. Those 3 eyes ultimately required subretinal biopsy to achieve specia-

tion, reflecting the fact that the fastidious nature of these organisms requires a sufficiently large sample for culture growth.⁴

Although the presentation between postcataract and endogenous cases appears to be distinct, antibiotic sensitivities appear to be similar. All 25 eyes reported by Dave and associates were sensitive to amikacin, matching prior reports. We agree that this should be the first-line intravitreal agent for *Nocardia* endophthalmitis, with consideration for postinjection head positioning upright to minimize macular aminoglycoside-related toxicity.⁵

All in all, we would like to congratulate and thank the authors for contributing more to our understanding of this rare endophthalmitis entity, and we hope that further similar reports will allow a better differentiation of the 2 main subtypes of *Nocardia* endophthalmitis.

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FUNDING/SUPPORT: THE AUTHORS HAVE NO FUNDING OR grant support to disclose. The Bascom Palmer Eye Institute received funding from NIH Core Grant P30EY014801, Department of Defense Grant #W81XWH-13-1-0048, and a Research to Prevent Blindness Unrestricted Grant. Financial Disclosures: Jayanth Sridhar is a consultant for Alcon, Allergan, and Alimera Science. Thomas A. Albin is a consultant for Allegro Ophthalmics, Beaver Visitec, Clearside Biomedical Inc, Eyepoint Pharmaceuticals, Inc, Janssen Biotech Inc, Notal Vision, Novartis, Santen Pharmaceutical, and Valeant Pharmaceuticals. The following authors have no financial disclosures: Harry W. Flynn, Jr, Ruwan A. Silva, and Ryan C. Young. All authors attest that they meet the current ICMJE criteria for authorship.

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