

## Ocular surface squamous neoplasia in a setting of fungal keratitis: a rare co-occurrence

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Dear Editor,

We read the article by Singh et al. [1] entitled “Ocular surface squamous neoplasia in a setting of fungal keratitis: a rare co-occurrence” with great interest. They reported a case who developed ocular surface squamous neoplasia during fungal keratitis treatment.

They report that the 68-year-old female with fungal keratitis was treated with topical 5% natamycin and 1% voriconazole, and systemic ketoconazole along with mydriatics. At 5 months from presentation, a papillomatous lesion around the limbus with accompanying keratin and feeder vessels developed. An incisional biopsy revealed squamous cell carcinoma in situ of the conjunctiva.

We recently published an article about a possible triggering effect of topical voriconazole for ocular surface squamous neoplasia entitled “Does topical

voriconazole trigger dysplastic changes on the ocular surface?” [2]. In that case report, we highlighted a 73-year-old male with graft-related *Candida* endophthalmitis who was on topical 1% voriconazole for 4 months developing a whitish gelatinous lesion on the cornea originating from the nasal limbus. The *in vivo* confocal microscopy examination of the patient revealed mild dysplastic changes in the corneal epithelium. With the review of the literature for possible side effects of voriconazole, we found out that the systemic use of medication causes drug-induced phototoxicity and malignancies such as cutaneous melanoma and squamous cell carcinoma in the long term [3–5].

In conclusion, the well-established risk factors for ocular surface neoplasia are environmental exposure to UV-B solar radiation, cigarette smoke, human papilloma virus (HPV), human immunodeficiency virus (HIV), petroleum products, medical immunosuppressive agents for organ transplant, and corneal graft [6]. However, the topical use of voriconazole should not be underestimated in the etiology of ocular surface squamous neoplasia as well. For this reason, these patients who are treated with topical voriconazole should be advised for ocular photoprotection, as suggested in the systemic drug use, in order to prevent the development of probable sun-induced ocular surface problems.

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