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Purpose: To present a case with unilateral endogenous endophthalmitis and concomitant sclera ulcer.
Methods: Case report and literature review.
Results: A 64-year-old woman went to ER for fever with visual loss in the left eye. The BCVA was 6/60. Ocular examination revealed hyperemic conjunctiva, corneal edema, hypopyon and blurred fundus. B-scan showed vitreous opacity. Endogenous endophthalmitis was diagnosed as abdominal CT revealed liver abscess. Besides systemic antibiotic therapy, we performed IVI with Vancomycin plus Cefepime immediately. Blood and vitreous cultures yielded Klebsiella pneumoniae 4 days later. She also received topical AV (Amikacin plus Vancomycin) solution Q1H. Twelve hours later, there were moderate cells at anterior chamber without hypopyon. Elevated intraocular pressure was noted. We tapped AV frequency and added anti-glaumatic medication. Swelling eyelid, chemosis and central corneal epithelial defect were found 24 hours after IVI. Orbital CT showed abnormal fluid collection over subconjuntiva area. Initially we recognized it as inflammatory reactions of AV and kept tapping AV frequency. We prescribed topical Cravit, PreForte and Rinderon with AV in day 5. Two days later, persistent chemosis with temporal corneal infiltration were noted. Necrotic tissue over inferior temporal sclera was founded after periotomy. We ceased topical steroid and underwent Amikacin local irrigation daily. As systemic KP infection was under control, she was discharged with clear anterior chamber and fair sclera 1 month later.
Conclusions: In our case, we presumed that the pathogen in vitreous could spread through the minimally invasive tract of needle and infect the adjacent tissue including sclera. We suggest taking precautions in any invasive procedure with meticulous topical steroid usage during treatment course.

PO-102

Bilateral Panuveitis with Positive QuantiFERON Test- Case Report

雙側全葡萄膜炎併 QuantiFERON 陽性之個案報告

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Purpose: Tuberculosis is one of the most important infectious disease worldwide. The prevalence of tuberculosis in uveitis patients varies in the literature between 0.5 and 17%. We present a case of uveitis with positive QuantiFERON, and without any systemic evidence of tuberculosis. We review the literature for the diagnosis and mangement.

Patient and Method: Interventional case report
Results: This 41-year-old Tailand man visited our ophthalmic outpatient department due to fluctuated blurred vision in bilateral eyes and detoriated for recent 2 weeks. His BCVA was 0.4,OD and 1.0,OS. Ocular examination showed anterior segment cells in bilateral eyes, macular edema,OD. His laboratory data revealed positive result of QuantiFERON and the TB antigen was 7.14 IU/mL. Chest X ray didn't show evidence of tuberculosis. Topical eyedrop medication with prednisolone acetate Q2H, rinderon A ointment HS, and subtenon injection with triamcinolone acetonide 20 mg were prescribed. Due to concern of tuberculosis, rifinah 600mg QD, ethambutol 800mg QD, pyrazinamide 1500mg QD were prescribed. 19 days later, anterior segment cells and vitreous inflammation subsided and his BCVA improved
Conclusion: QuantiFERON is a helpful diagnostic tool in uveitis patients. We suggest defining the presence of active typical ocular inflammation and a positive QFT—with or without other systemic signs—to be considered as possible Tb-associated uveitis. A full combination of antibiotic therapy, which can be combined with steroids (preferably periocular) in the early phase if needed.

PO-103

A Case of Aflibercept with Treatment-Naïve Hemicentral Retinal Vein Occlusion: Six months Follow up

一例 Aflibercept 用在未曾接受治療半側性視網膜靜脈阻塞之六個月追蹤報告

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Purpose: To report our preliminary experience of Aflibercept with treatment-naïve hemicentral retinal vein occlusion(HCRVO) during 6-month-period of follow up.
Methods: Case report and literature review.
Results: A 63-year-old female was diagnosed as unilateral HCRVO by fluorescein angiogrphay(FAG). The best corrected visual acuity(BCVA) was 6/60 in the affected eye and 20/20 in the other eye. Macular edema(ME) was also noted by optical coherence tomography(OCT). The BCVA improved to 6/15 with complete subretinal fulid(SRF) resolution after first intravitreal Aflibercept 2.0mg. We planned the regimen as two loading doses monthly followed with *pro re nata*(PRN) treatment protocol. The patient returned and underwent OCT examinations monthly. The BCVA declined to 6/60 with presence of SRF 3 months after the second loading treatment. The SRF still disappeared after the third intravitreal injection. The BCVA returned to 6/15 again.
Conclusions: Our preliminary experience shows th