

plana vitrectomy for macula-off retinal detachment in a series of 24 patients.⁴ Our patient underwent two procedures to repair his retinal detachment; initially an external approach with buckling, which proved unsuccessful and then pars plana vitrectomy with internal drainage, cryotherapy, and gas. Despite these interventions, he continued to have bothersome symptoms of decreased visual acuity and metamorphopsia. Additional treatment options in such circumstances may include grid argon laser to extramacular fluid collections and further surgery such as gas tamponade. However, serial OCT in our patient demonstrated decreasing subretinal fluid and so a conservative approach was taken.

In conclusion, OCT represents a novel addition to the ophthalmologist's armamentarium and serial images are helpful in the initial characterisation of shallow retinal detachment and in monitoring subsequent anatomical reattachment and the presence of subretinal fluid after surgical intervention. Importantly, it offers a new means of explaining poor visual outcome in the context of a clinically attached retina following technically successfully retinal detachment repair.

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Sir, HACEK endocarditis causing endogenous endophthalmitis and a metastatic abscess

A 78-year-old man, with aortic valve replacement, presented with deteriorating right vision, pyrexia, and weight loss following dental extraction. *Actinobacillus actinomycetemcomitans*, a slow growing, Gram negative 'HACEK' bacterium was grown from blood cultures and a concomitant, intertarsal abscess. Positive HACEK cultures from metastatic abscesses are previously unreported.

Case report

A 78-year-old Caucasian male presented with a 3-week history of a tender, inflamed right eye with deteriorating vision. Following premolar extraction a year earlier fever, night sweats, and weight loss were reported.

Previous medical history included IDDM and rheumatoid arthritis. Twelve years earlier, the patient had undergone an aortic valve replacement. Drug history included prednisolone and methotrexate for inflammatory arthritis. Furthermore, an erythematous, area of skin on the dorsum of the right foot was noted (Figure 1).

On examination, visual acuity was 'hand movements' only in the right eye and 6/9 in the left eye. Right anterior segment revealed injection, anterior chamber cells (3+), a 1 mm hypopyon, posterior synechiae with fibrin and lenticular nuclear sclerosis. There was a dense vitritis confirmed with ultrasound examination. The left eye was unremarkable. Normal urinalysis and chest X-ray were reported.

Blood cultures were obtained on admission and anterior tap and undiluted vitreous specimens were obtained for microbiological investigation. Intravitreal vancomycin (1 mg in 0.1 ml) and ceftazidime (2.0 mg in 0.1 ml) were administered.

The patient's presumed right, pedal cellulitis was treated with oral penicillin and flucloxacillin. Echocardiograms were negative. Antibiotics were stopped and on the 12th postoperative day, the cultured blood specimens revealed Gram negative coccobacilli consistent with HACEK (*Haemophilus* sp. (*parainfluenzae*, *aphrophilus*, *paraphrophilus*), *A. actinomycetemcomitans*, *Cardiobacterium hominis*, *Eikenella corrodens*, and *Kingella kingae*) infection. Treatment with intravenous gentamycin and amoxicillin was commenced. A week later, the right foot lesion was debrided to reveal an intertarsal abscess and pus



Figure 1 Photograph of right foot before intertarsal abscess debridement

collected grew *A. actinomycetemcomitans*. The abscess healed well following debridement.

Comment

The HACEK group of organisms is an unusual cause of infective endocarditis, responsible for 3% of cases.¹ Of the five reported cases of endogenous endophthalmitis due to *A. actinomycetemcomitans*, four had pre-existing heart abnormalities, three had permanent pacemakers, and two had periodontal disease.²⁻⁶

Our case describes this unusual cause of metastatic endophthalmitis, secondary to endocarditis, with concomitant foot abscess. There are no previous reports of macroembolic, metastatic, abscesses requiring debridement and growing positive cultures for *A. actinomycetemcomitans*. Poor glycaemic control and immunosuppression may have contributed to these novel manifestations.

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Sir, Purtscher's like retinopathy as the presenting feature of acute alcoholic pancreatitis

Purtscher's like retinopathy is a rare complication arising in patients with an established diagnosis of pancreatitis. We report a patient, with undiagnosed pancreatitis, presenting with visual loss due to Purtscher's like retinopathy.

Case report

A 31-year-old man with a history of alcohol abuse, experienced bilateral visual loss, following 24 h of epigastric pain and vomiting, precipitated by binge drinking. On presentation, 4 days later, he had a right