

anterior lamellar repositioning procedure, this would suggest that the primary lesion may be in the orbicularis muscle or in the formation of the lid crease.<sup>5</sup>

The rare occurrence of congenital tarsal kink often results in delay of diagnosis, and prolongs the course of corneal ulceration. It is important to consider congenital lid anomalies in the differential diagnosis of neonatal corneal ulcers, especially in those cases which do not respond to treatment.

A. M. McElvanney  
H. P. Adhikary

Royal Preston Hospital  
Sharoe Green Lane  
Fulwood  
Preston PR2 4HT  
UK

A. E. A. Ridgway  
A. B. Tullo

Manchester Royal Eye Hospital  
Oxford Road  
Manchester M13 9WH  
UK

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Sir,

#### Microsporidial Keratoconjunctivitis Treated Successfully with a Short Course of Fumagillin

Several case reports have recently described the successful treatment of microsporidial infection in the cornea and conjunctiva of HIV-infected patients with fumagillin. To date the most efficacious dosing regimen has not been determined. We describe a case of microsporidia treated successfully with a short course of Fumidil B.

#### Case Report

A 43-year-old HIV-positive white man with a CD4 count of 20 cells/mm<sup>3</sup> presented with a 4-month history of ocular irritation, fluctuating visual acuity, and burning sensation

in both his eyes. He was thought to have herpes zoster keratitis, and was treated with oral acyclovir 4000 mg a day for 2 weeks, but failed to improve. He was referred for further evaluation when corneal epithelial opacities were noted.

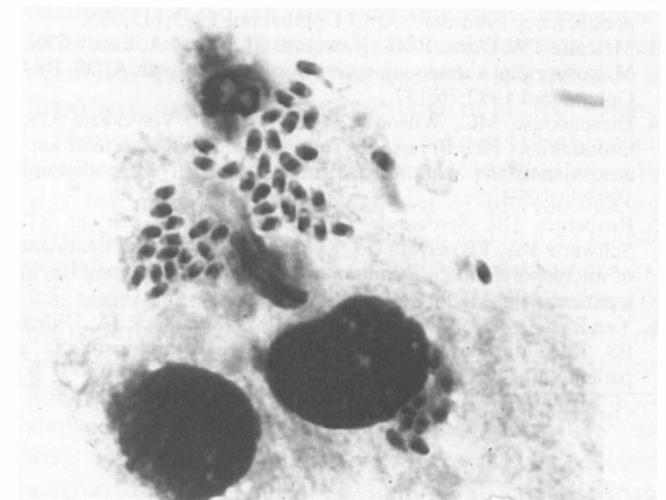
On initial examination, his best corrected visual acuity was 6/12 right eye and 6/18 left eye. There was a moderate mixed papillary and follicular reaction of the palpebral conjunctiva in both eyes. The corneas were covered with diffuse punctate epithelial opacities with irregular surface fluorescein staining. There was also mild fluorescein staining of the bulbar conjunctiva. The remainder of the examination was unremarkable.

Numerous intracytoplasmic oval, dark-staining organisms consistent in morphology with microsporidia<sup>1,2</sup> were found in Giemsa-staining corneal scrapings (Fig. 1). Culture, Giemsa, and direct fluorescent antibody stain for herpes simplex and fluorescent antibody for herpes zoster were negative.

Treatment of the keratoconjunctivitis with propamidine isethionate 0.1% six times daily<sup>3</sup> was commenced in the right eye, using the left eye as an untreated control. There was little change after 10 days of therapy. Treatment with Fumidil B (Mid-Con) 5.2 mg/ml (0.11 mg/ml active fumagillin)<sup>4,5</sup> in an artificial tear preparation was then commenced in the left eye at a frequency of one drop every 3 hours. After 48 hours the patient reported marked improvement in symptoms and a decrease in cornea epithelial staining in the left eye was observed. The propamidine isethionate 0.1% was stopped and fumagillin was begun in the right eye. The patient stopped the fumagillin due to complete resolution of symptoms after only 3 days of therapy.

Ocular examination demonstrated a best corrected visual acuity of 6/6 in each eye. There was a mild papillary reaction and the corneas had an irregular epithelium with no fluorescein staining. The patient has remained free of recurrences for over 16 months.

The clinical findings and laboratory investigation of the



**Fig. 1.** Giemsa-stained smear of human corneal epithelium demonstrating the small oval intracellular microsporidial spores. ( $\times 1000$ )

patient's corneal smear indicated a microsporidial infection. There was a rapid and complete response to a short course of topical Fumidil B. Although both Brolene (M&B)<sup>3</sup> and itraconazole<sup>6</sup> have been reported to be effective in treating this disorder, our experience has shown that these agents produce only partial resolution of symptoms.

Fumidil B is an antimicrobial agent commonly used to treat microsporidial infections in honey bees. Following previous reports of successful therapy in humans with chronic use,<sup>5,6</sup> we offered this therapy to our patient. The dosage of 0.11 mg/ml of active fumagillin resulted in improvement of our patient's symptoms and signs after only a 3-day course of therapy without evidence of recurrence of side-effects. This suggests that at this dose, a short course of Fumidil B may be an effective therapy for ocular microsporidiosis. Further investigation is needed to determine the most effective dosing regimen.

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John H. Wilkins, MD  
Naresh Joshi, FRCOphth  
Todd P. Margolis\*, MD, PhD  
Vicky Cevallos, MT (ASCP)  
Chandler R. Dawson, MD

Francis I. Proctor Foundation  
University of California, San Francisco  
San Francisco  
CA 94143-0944  
USA

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\*To whom offprint requests should be addressed.

Sir,  
**The Merocel Nasal Tampon: Its Use in Lacrimal and Oculoplastic Surgery**  
Nasal packing for vasoconstriction or tamponade usually

involves using some form of gauze. The gauze, however, is difficult to insert into the nose, too porous, and traumatic to the nasal mucosa when being removed. The following technique involving the use of Merocel nasal tampon is reliable, easy to use and less traumatic.

#### Objective

We set out to investigate the advantages of the Merocel nasal tampon over traditional gauze strips in the management of patients undergoing dacryocystorhinostomy, insertion of nasolacrimal stents and in the harvesting of nasal septal cartilage. We used the nasal tampon in a total of 52 patients undergoing these procedures in our hospital from October 1992 to August 1993.

#### Methods

In dacryocystorhinostomy and for harvesting of nasal septal cartilage the tip of the semi-rigid tampon is smeared with a lubricant ointment and inserted manually into the nasal cavity under direct visualisation using a nasal speculum, with the tip of the tampon being directed towards the medial canthus (Fig. 1). If the procedure is performed under local anaesthesia, the nasal mucosa is first anaesthetised using a local anaesthetic spray. In placement of nasolacrimal intubation stents, the inferior turbinate is first

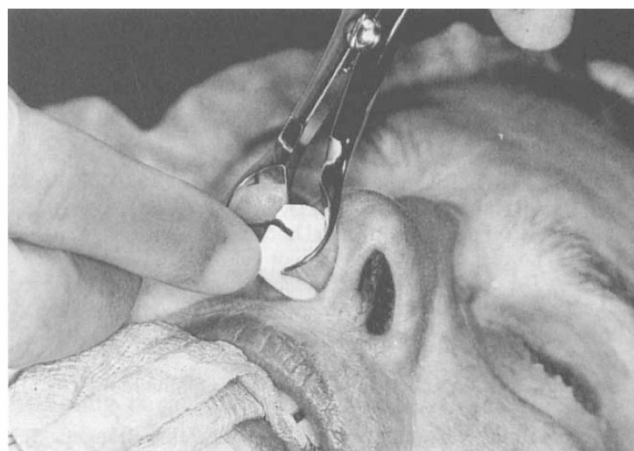


Fig. 1. The Merocel nasal tampon being inserted.

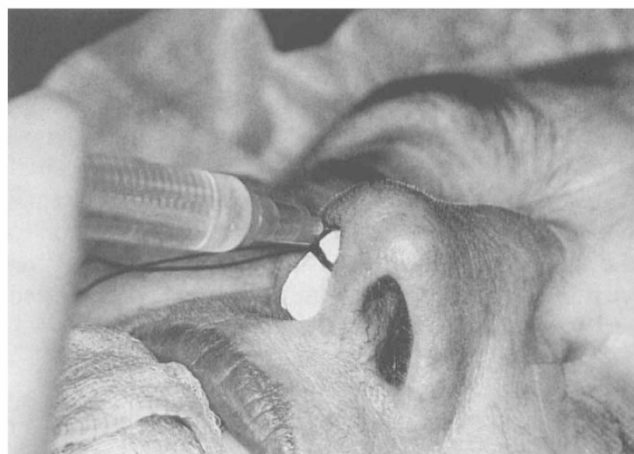


Fig. 2. The injection of cocaine over the tampon.