**Ophthalmology and Visual Sciences** 



# Acanthamoeba keratitis

Category(ies): Cornea, External Disease

Contributor: Jesse Vislisel, MD; Jordan Graff, MD; Meagan Seay, DO

Photographer: Brice Critser, CRA; Stefani Karakas, CRA; Nasreen Syed, MD; Meagan Seay, DO

Acanthamoeba keratitis is a rare parasitic infection of the cornea that primarily occurs in contact lens wearers. The infection may be limited to the epithelium in its early stages, resulting in epithelial dendrites and punctate epitheliopathy. Later stromal involvement classically results in a partial or complete paracentral ring infiltrate, radial perineuritis, and pain out of proportion to the appearance on exam. Scleritis and uveitis may also be present.



Figure 1: Corneal ring infiltrate in a patient with Acanthamoeba keratitis. The diagnosis was confirmed by confocal microscopy (Figure 3).

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Figure 1 - Slit Lamp: Corneal ring infiltrate in a patient with Acanthamoeba keratitis. The diagnosis was confirmed by confocal microscopy (Figure 3).

Contributor: <u>Jesse Vislisel, MD</u> Photographer: Brice Critser, CRA





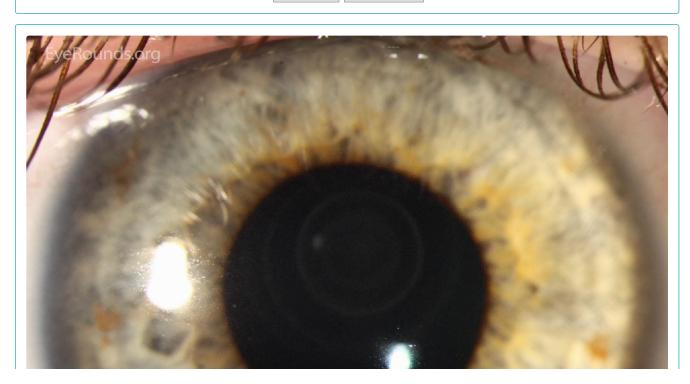




Figure 2: Concentric ring infiltrate in a contact lens wearer with early Acanthamoeba keratitis.

Contributor: <u>Jesse Vislisel, MD</u> Photographer: Stefani Karakas, CRA

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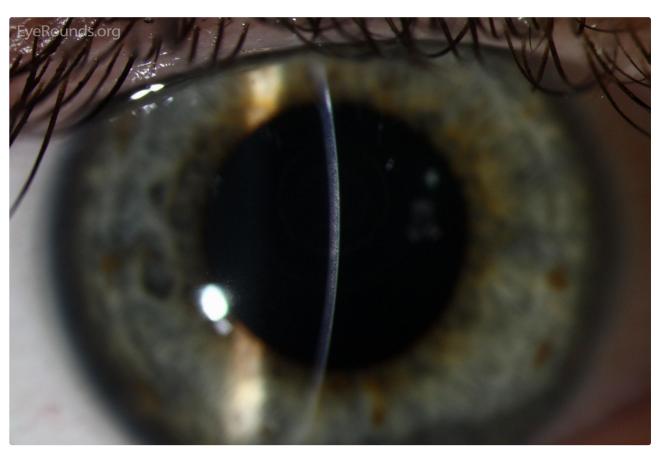


Figure 2 - Slit Lamp: Concentric ring infiltrate in a contact lens wearer with early Acanthamoeba keratitis.

Contributor: <u>Jesse Vislisel</u>, <u>MD</u>

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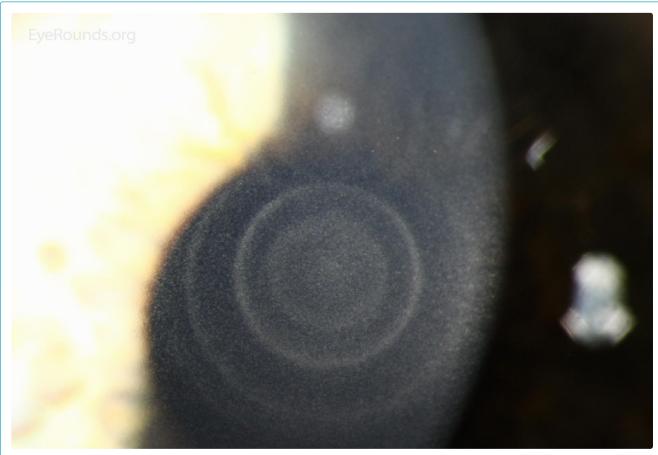


Figure 2 - Enhanced Zoom: Concentric ring infiltrate in a contact lens wearer with early Acanthamoeba keratitis.

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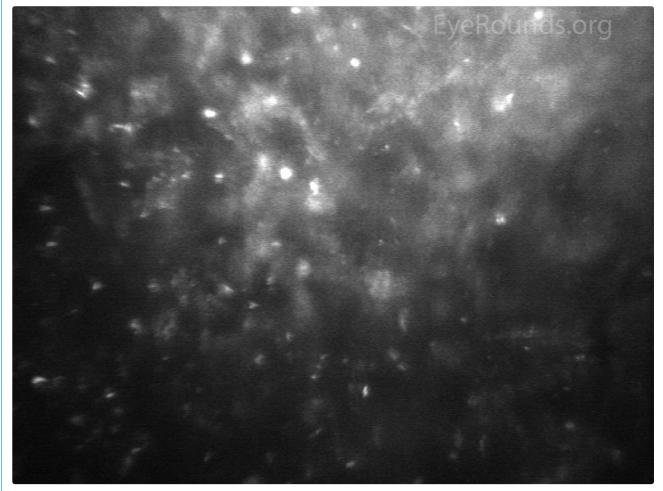


Figure 3: Confocal microscropy of the patient in Figure 1 demonstrating high-contrast round objects consistent with Acanthamoeba cysts and irregular forms suggestive of Acanthamoeba trophozoites

Contributor: <u>Jesse Vislisel, MD</u>



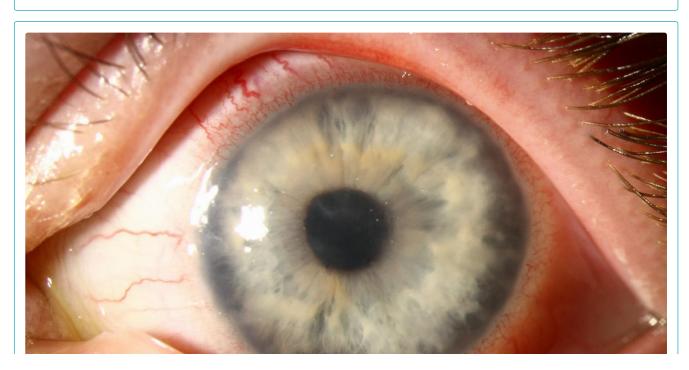




Figure 4: Epitheliitis with marked radial perineuritis secondary to Acanthamoeba infection.

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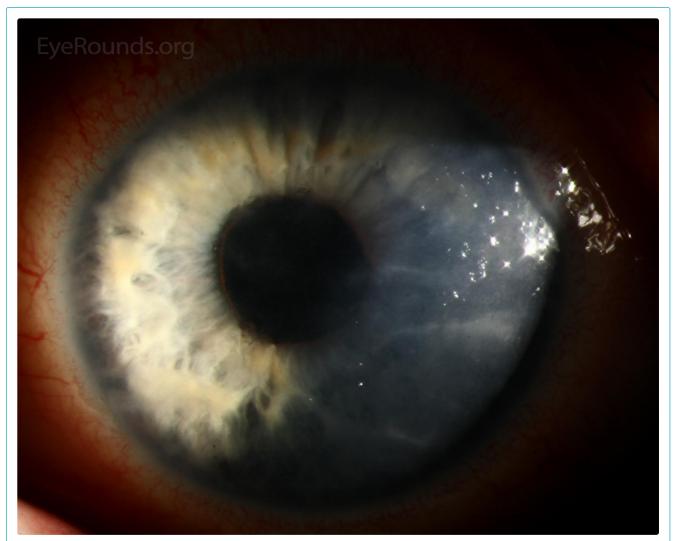


Figure 4b: Epitheliitis with marked radial perineuritis secondary to Acanthamoeba infection.

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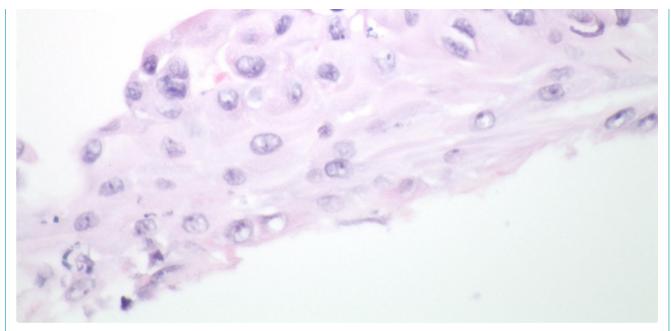


Figure 5: 300x magnification of the corneal epithelium in a patient with Acanthamoeba keratitis. H&E stain demonstrates a classic example of the double-walled cyst structure of Acanthamoeba.

Contributor: <u>Jordan Graff, MD</u> Photographer: Nasreen Syed, MD





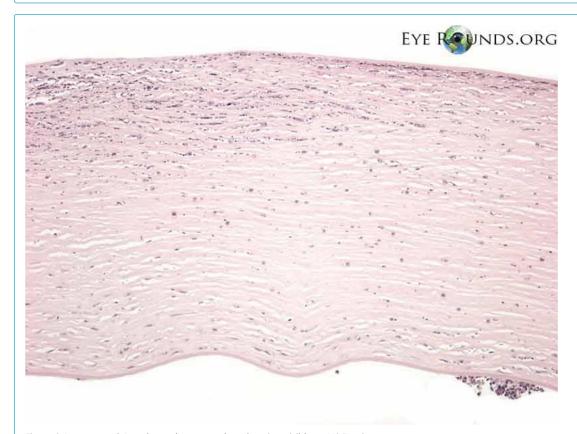


Figure 6: Intra-stromal A can that moeba cysts and trophozoites visible on H&E stain.

Contributor: Meagan Seay, DO





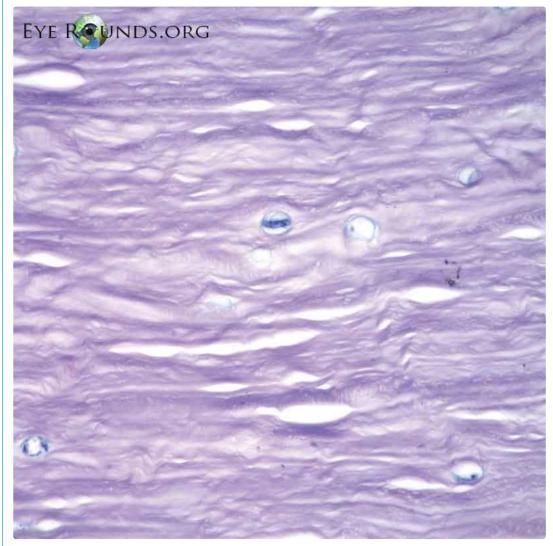


Figure 7: Protozoa visible on Wright-Giemsa stain.

Contributor: Meagan Seay, DO





#### Reference:

Krachmer, Jay H., Mark J. Mannis, Edward J. Holland. Cornea. St. Louis: Mosby, 2011.

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