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DEEP STROMAL MYCOBACTERIAL KERATITIS: VIABLE BACTERIA AFTER 6-MONTH TREATMENT

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PURPOSE: To report the clinical features and the therapeutic response of a deep stromal mycobacterial keratitis in a 41-year-old patient. **METHOD:** Case Report. Clinical examination, laboratory evaluation, susceptibility to antimicrobial agents, and microscopic pathologic analysis are described. **RESULTS:** The patient reported a trauma with a metallic foreign body, which was removed with a metallic burr in an ambulatory procedure. Infectious keratitis was detected in the following week. After 4 months the patient was referred to our service due to worsening of the symptoms. Corneal scrapings revealed infection by *Mycobacterium abscessus*. The patient was put on topical clarithromycin 1%, amikacin 1.5%, ofloxacin 0.3%, and oral clarithromycin 500 mg B.I.D. After 3 months, the keratitis was under control with complete re-epithelization. Nevertheless, the patient presented with recurrent inflammation and progressive neovascularization. A penetrating keratoplasty was performed after 6 months of treatment, and culture of the excised cornea revealed *Mycobacterium abscessus*. The patient achieved best corrected visual acuity of 20/60 in the second post-operative month. No recurrence of infection was detected at the last visit (September 2002). **CONCLUSION:** *Mycobacterium abscessus* in deep stromal keratitis may be viable after long-term treatment. Recurrent inflammation might be considered a sign of viable bacteria. Penetrating keratoplasty and clinical treatment seemed to be effective in the presented case.