Kératomycoses

Diagnostic & traitement

UNIVERSITÉ DE STRASBOURG

Tristan Bourcier

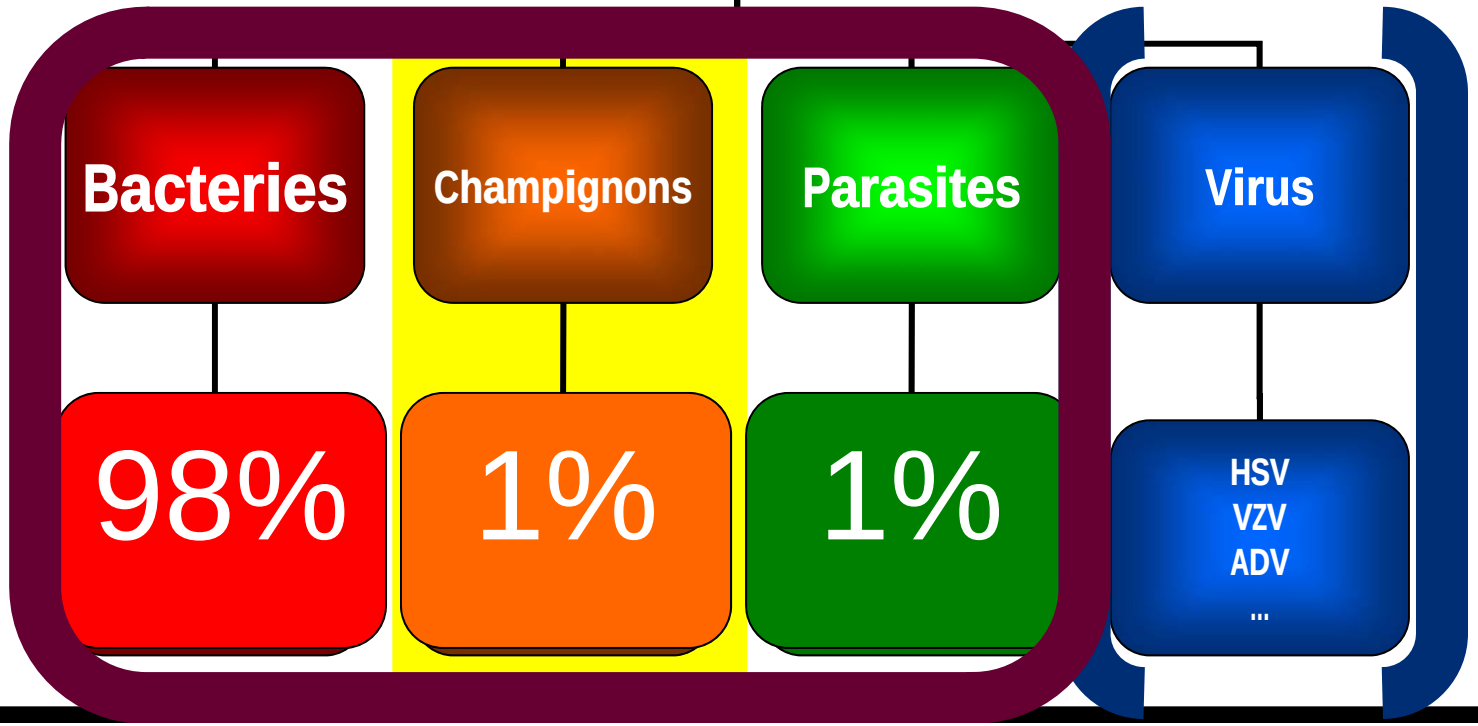
KERATITE

TRAUMATISME

TOXICITE

INFECTION

SECHERESSE
ALLERGIE
IMMUNITAIRE



2/3

1/3

Filaments		Levures	
Non pigmentés	Pigmentés		
Fusarium	*Curvularia*	*Candida*	*Blastomyces*
Aspergillus	*Alternaria*		*Coccidioides*
Acremonium	*Phialophora*		*Histoplasma*
Paecilomyces	*Bipolaris*		*Sporothrix*
Penicillium	*Exserohilum*		
Pseudallescheria	*Cladosporium*		
Scedosporium	*Lasiodiplodia*		
Beauveria			

- **Climats chauds**
- **Traumatisme végétal**

- **Climats tempérés**
- **Pathologie de surface**

knt, hsv, paupières …

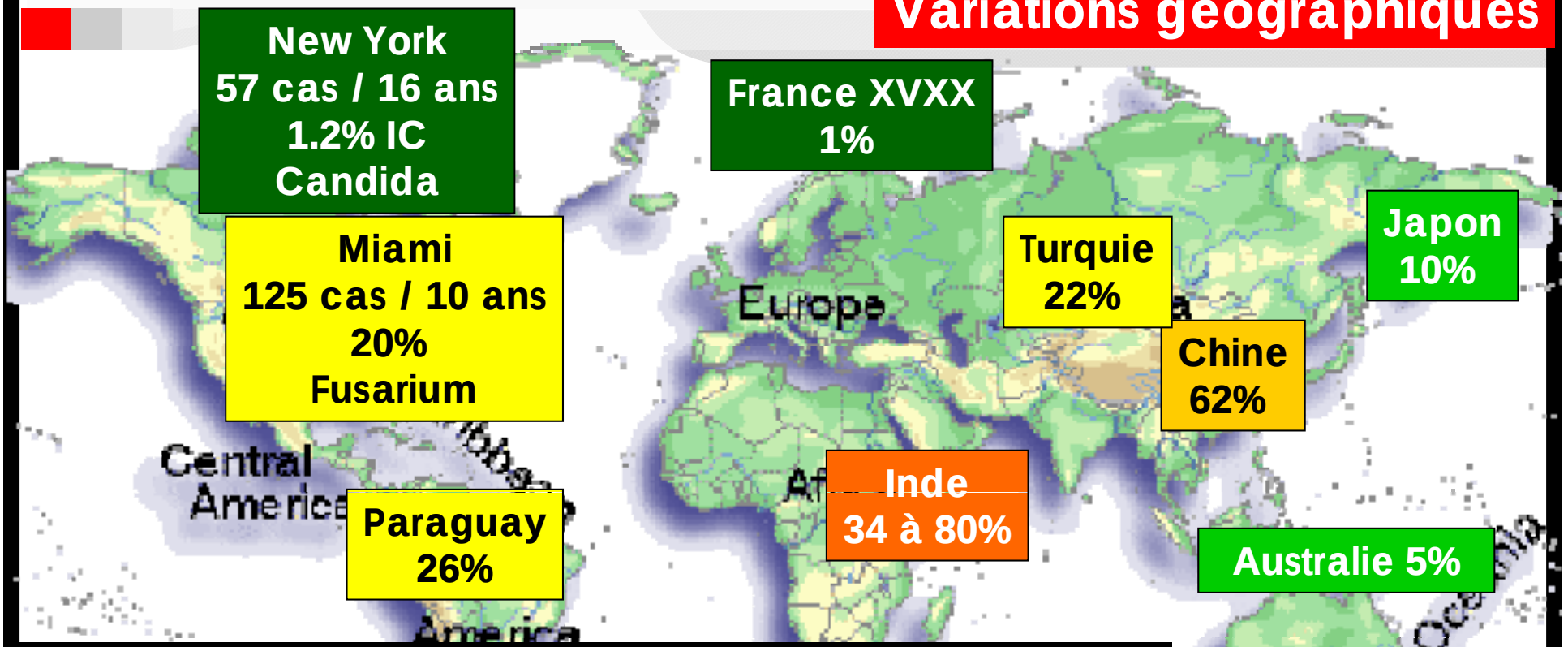
Chirurgie cornéenne, lentilles de contact

CORTICOIDES

Pathologies rares

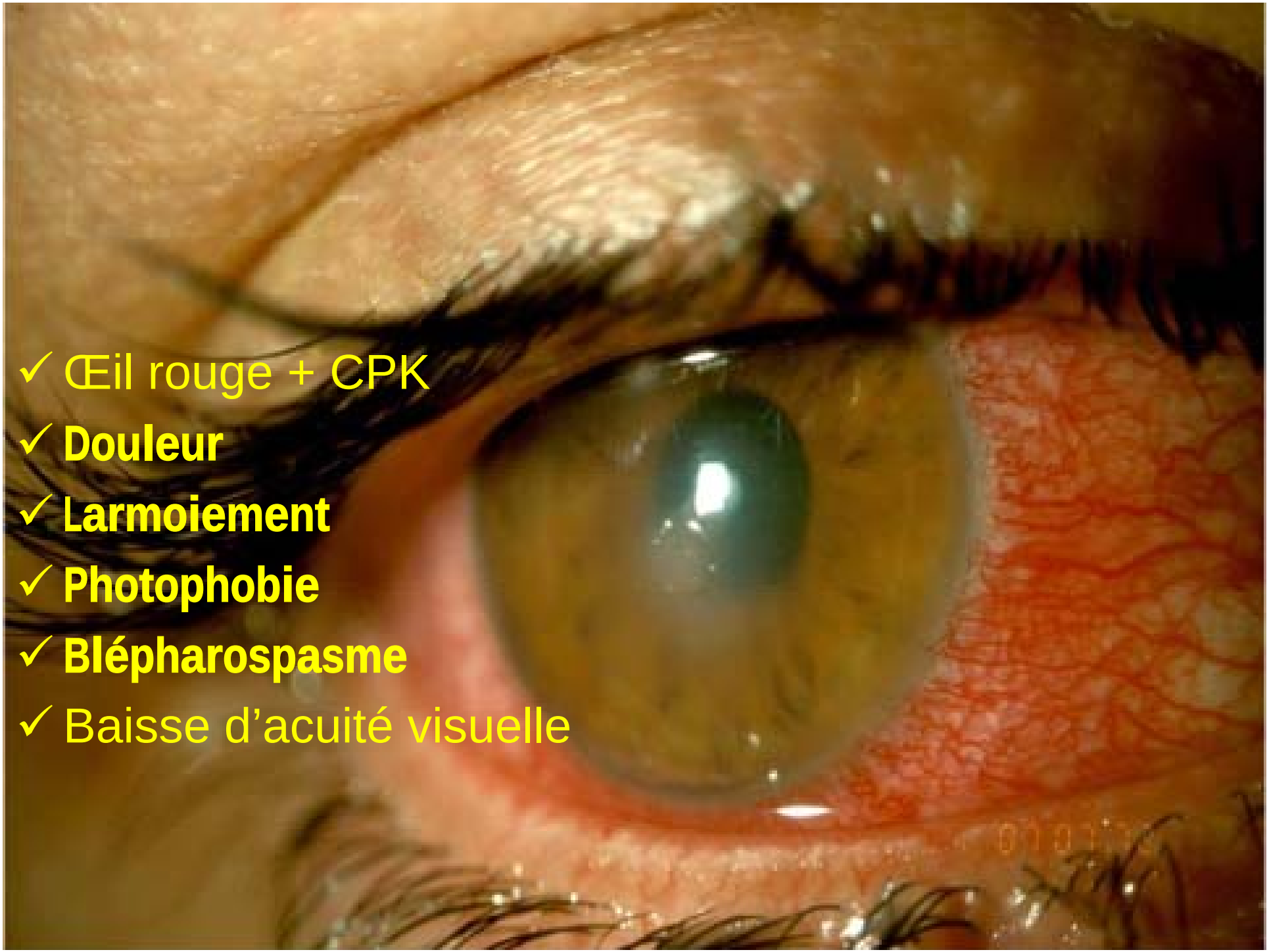
Kératomycoses: incidences

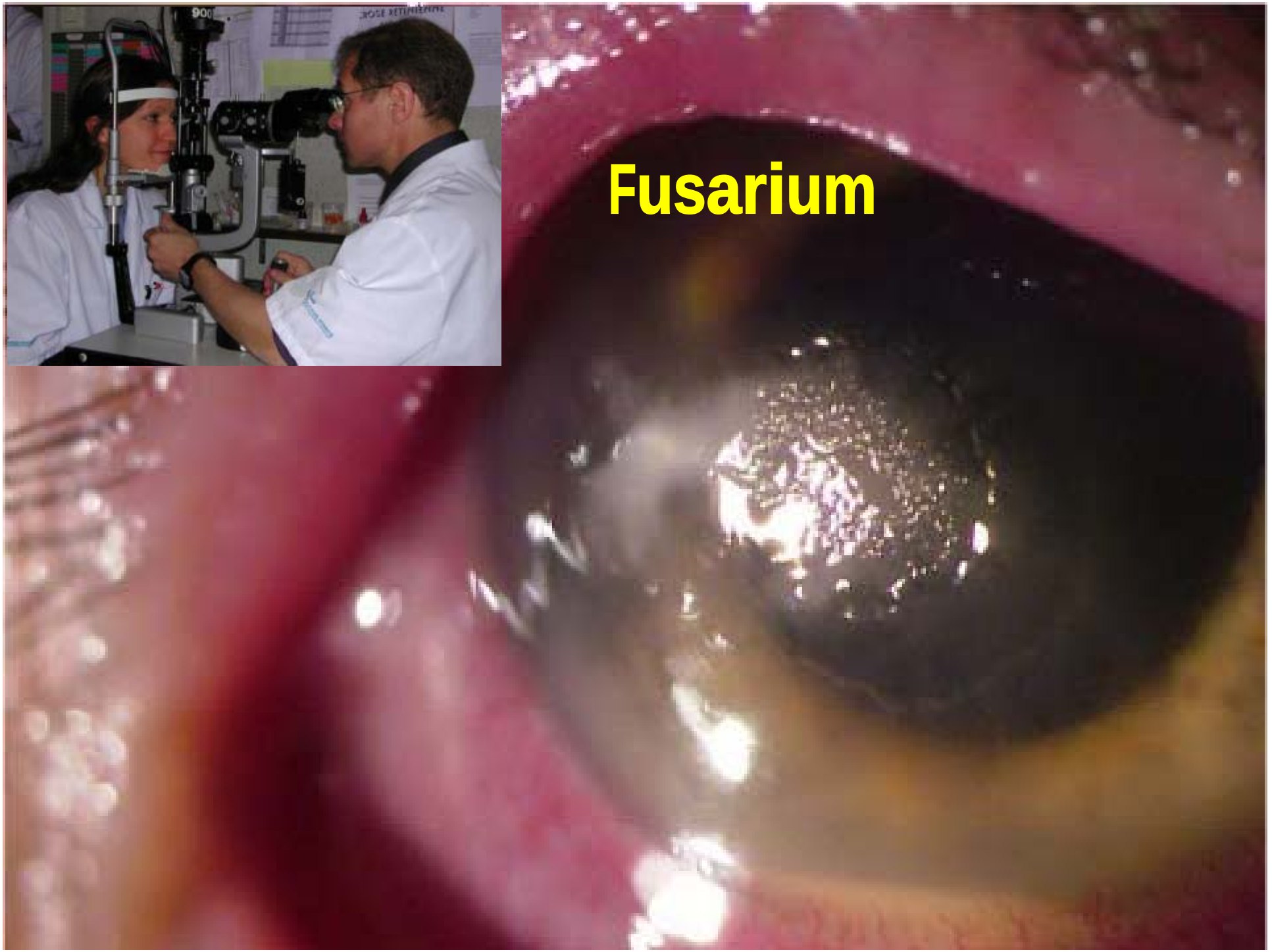
Variations géographiques



Incidence croissante

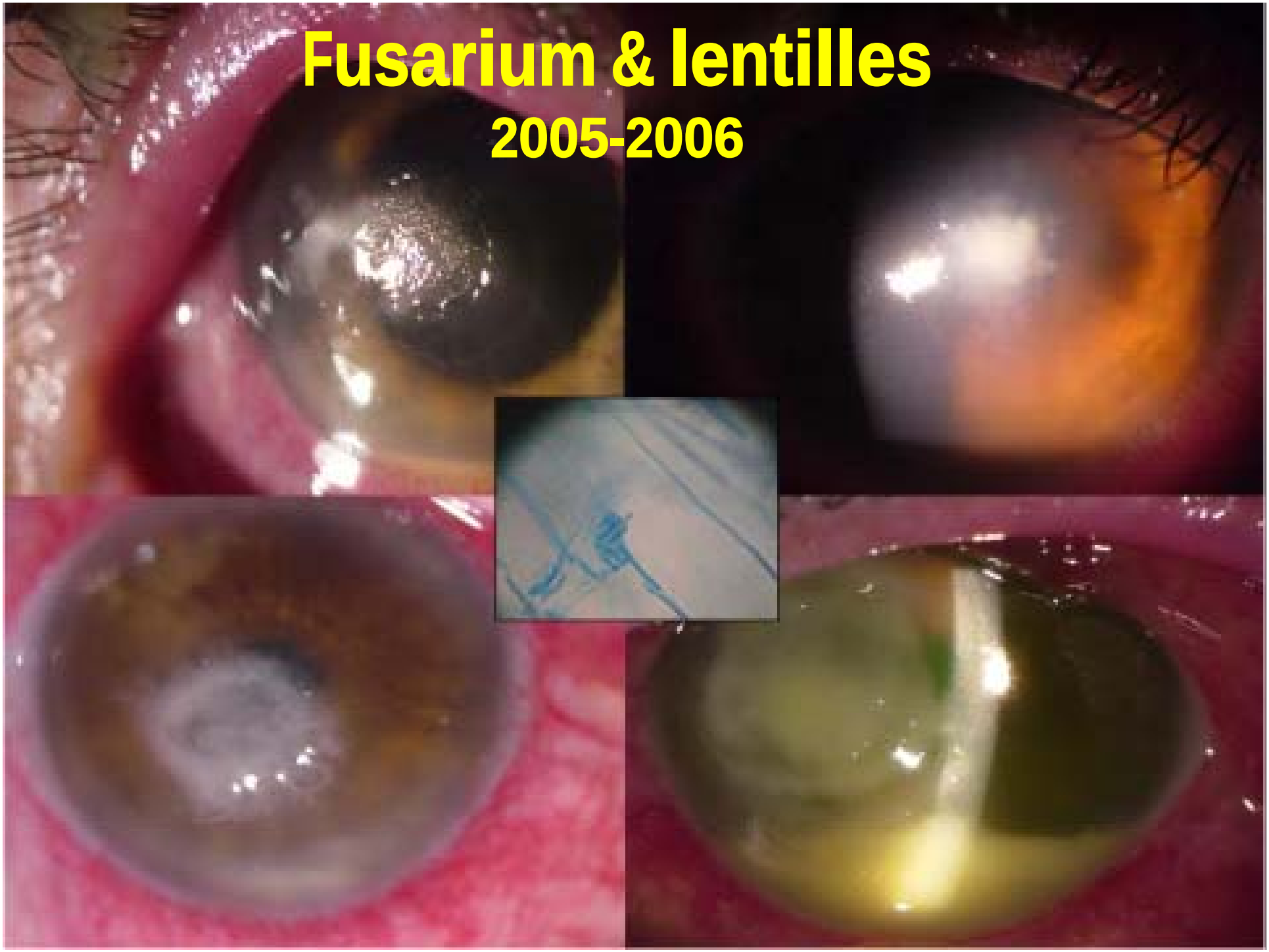
- ✓Meilleure reconnaissance des caractéristiques cliniques
- ✓Amélioration des techniques de laboratoire
- ✓Nombre croissant des interventions chirurgicales
- ✓Corticoïdes

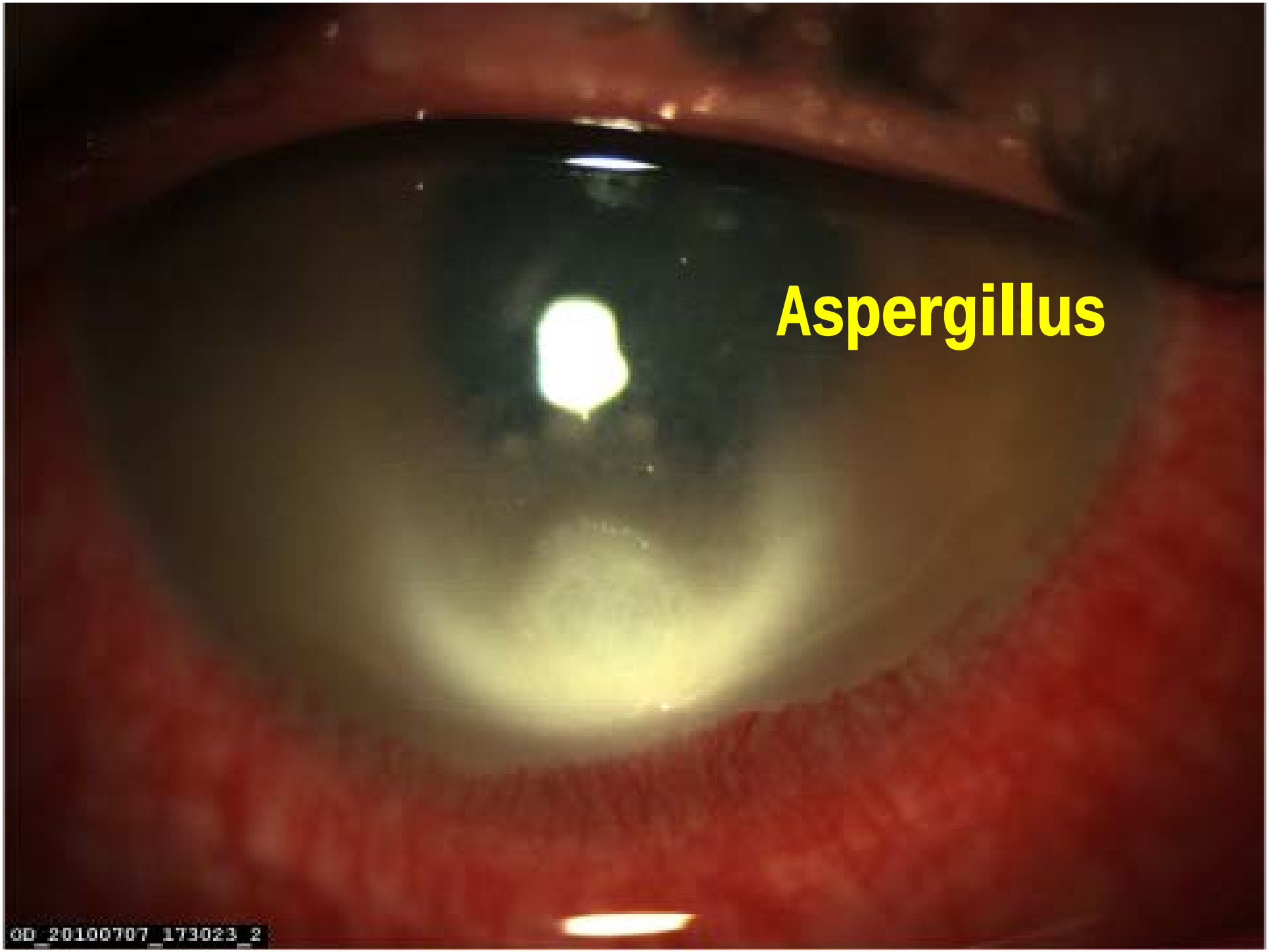

✓ Œil rouge + CPK
✓ **Douleur**
✓ **Larmoiement**
✓ **Photophobie**
✓ **Blépharospasme**
✓ Baisse d’acuité visuelle

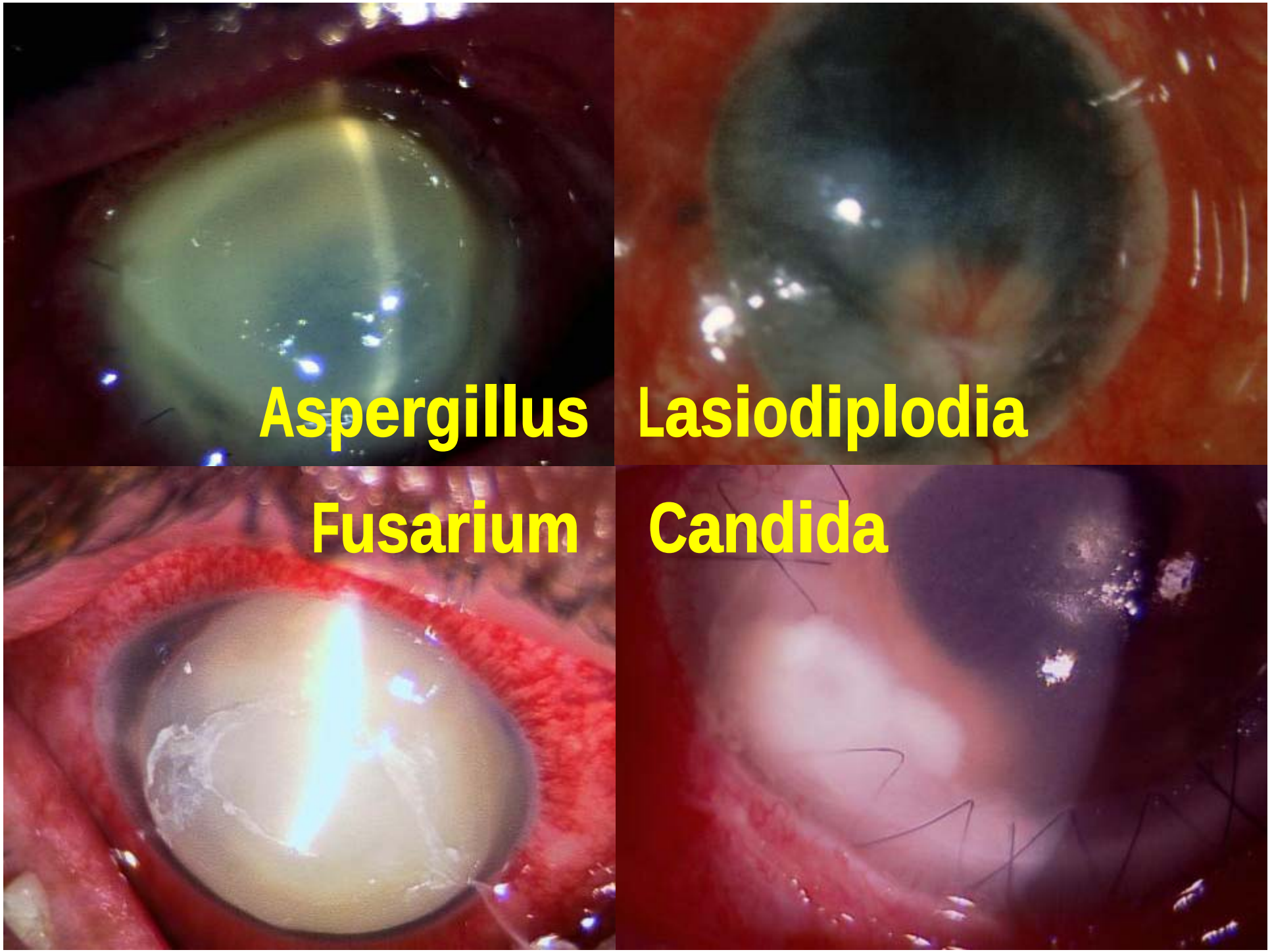

Fusarium

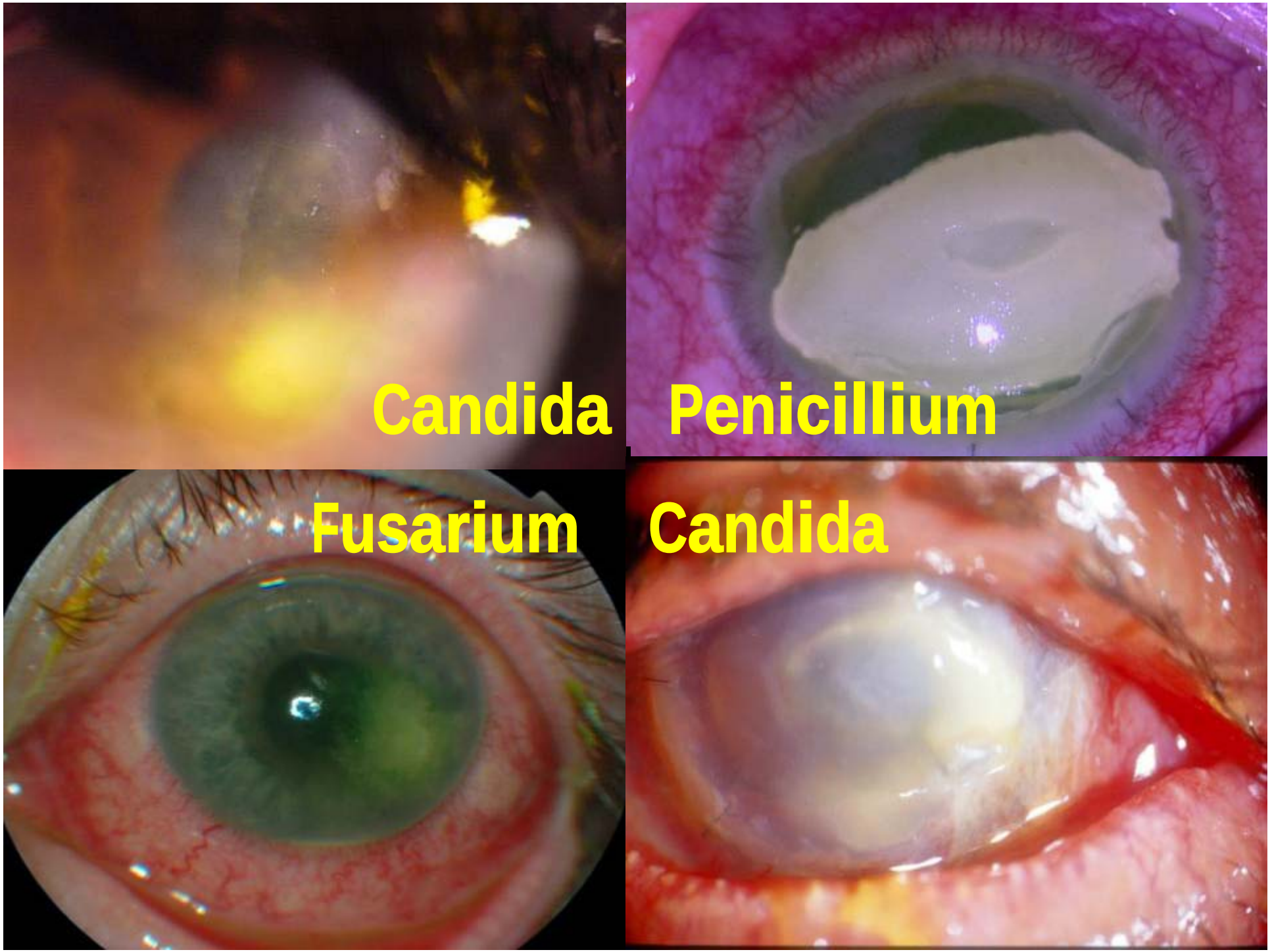
Fusarium & lentilles

2005-2006




Aspergillus
OD_20100707_173023_2

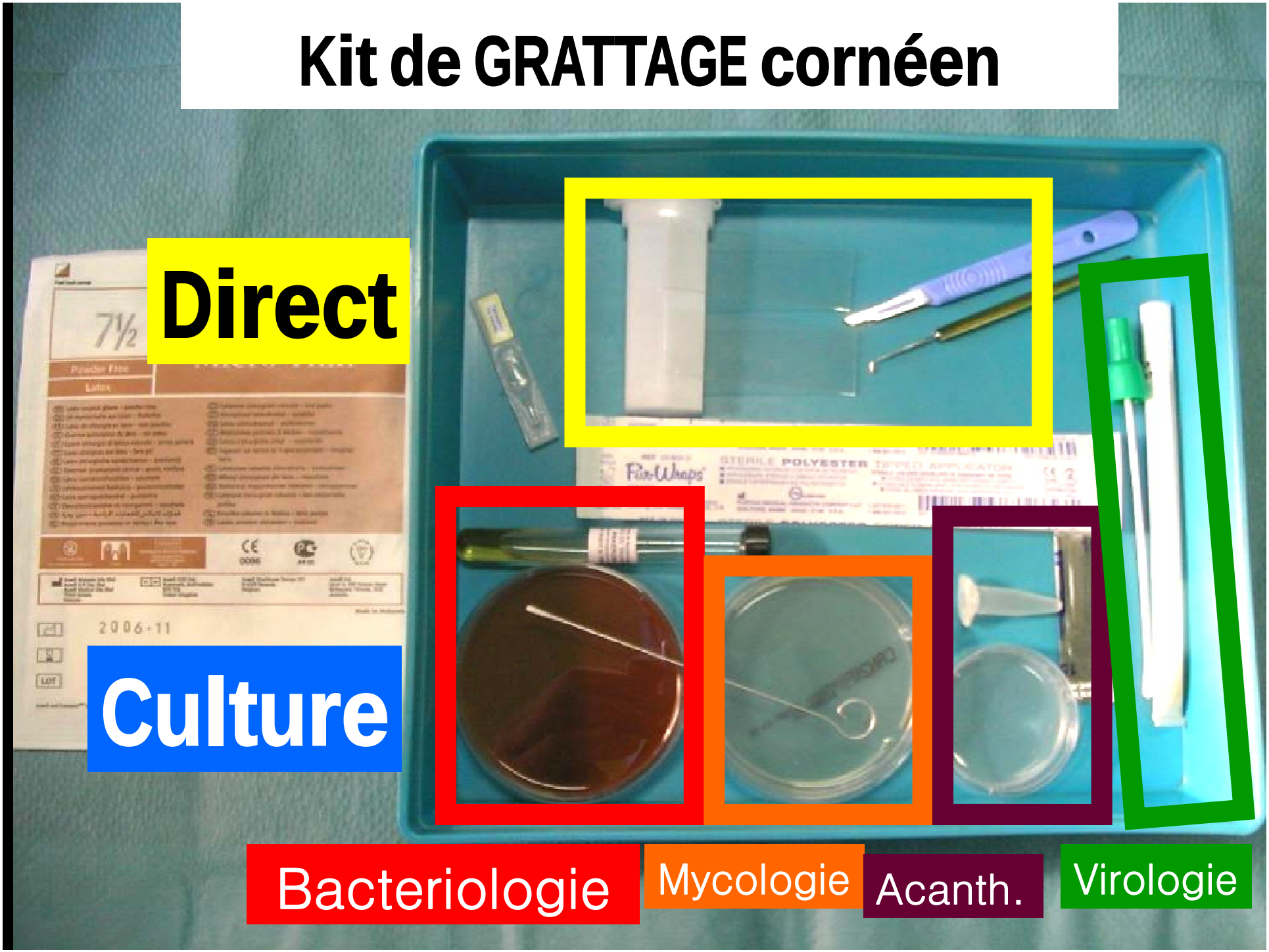

Aspergillus
Lasiodiplodia
Fusarium
Candida


Candida
Penicillium
Fusarium
Candida

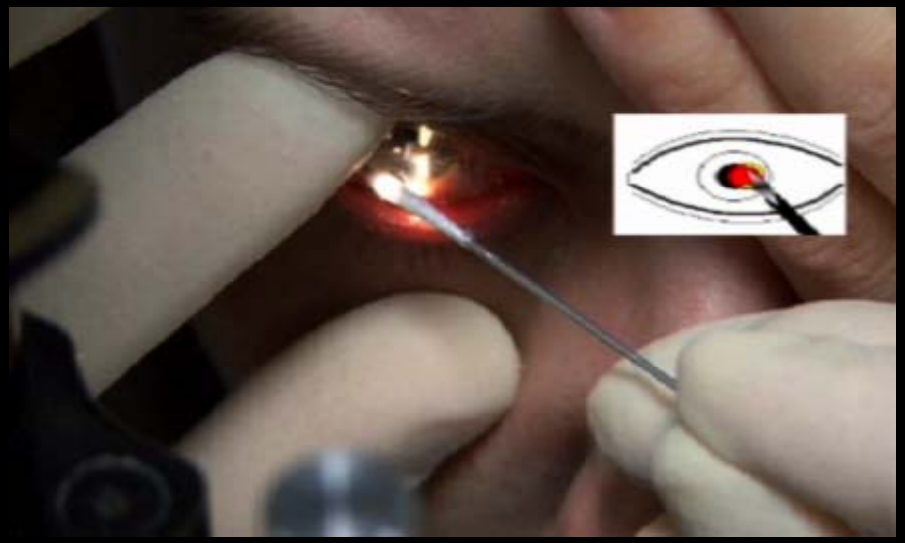
Diagnostic microbiologique

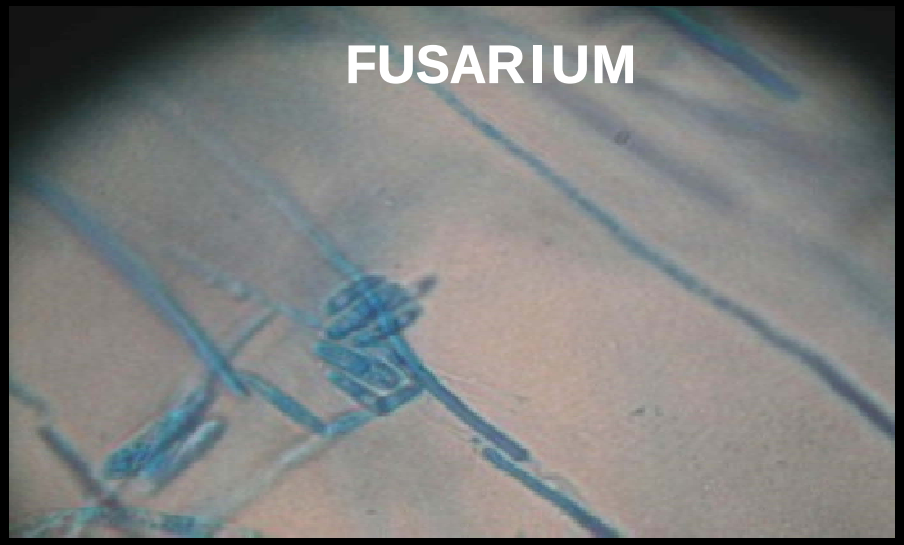
Grattage cornéen

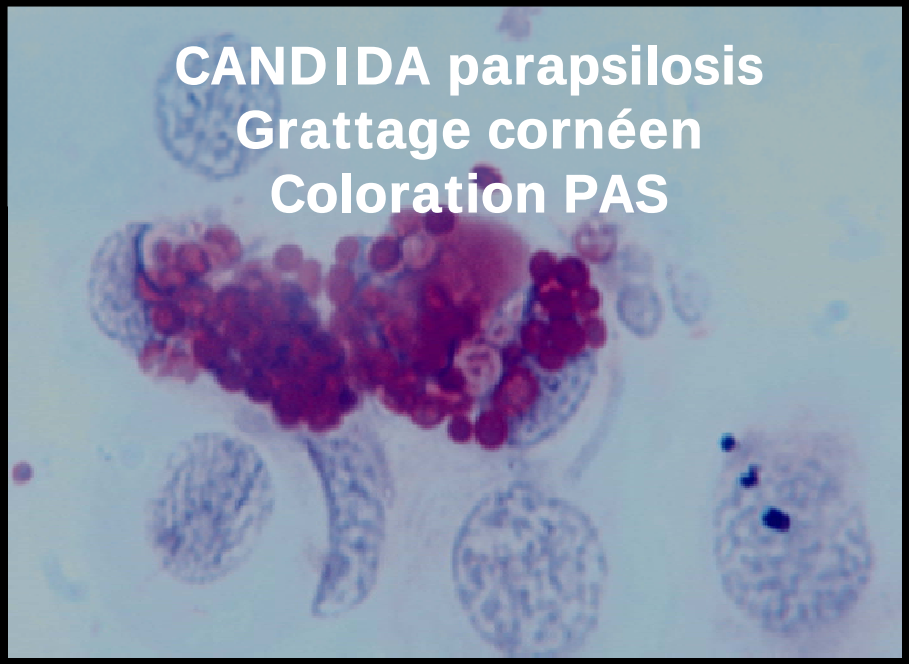
Kit de GRATTAGE cornéen



Diagnostic microbiologique



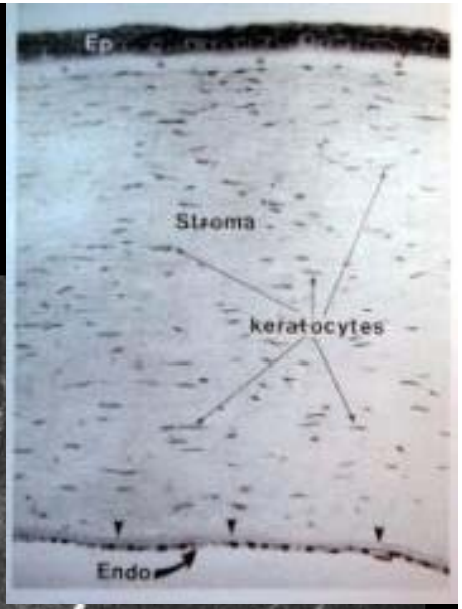




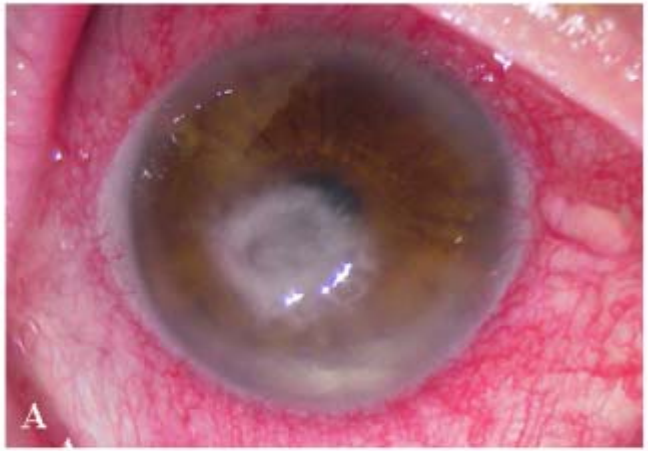
HRT II module cornée

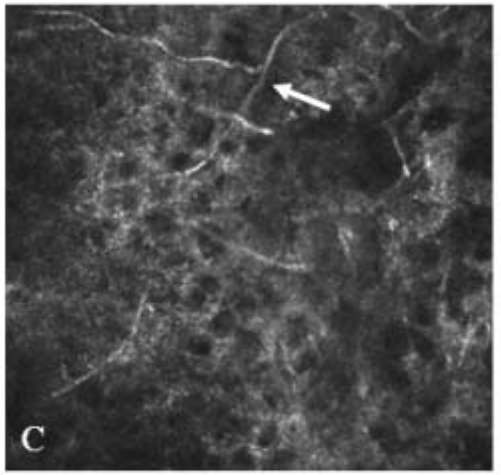
- *Heidelberg Retina Tomograph II*
- Macula, papille
- 2004
  - Module cornéen
  - HRT ⇨ confocal
  - Dynamique
  - Coupes coronales

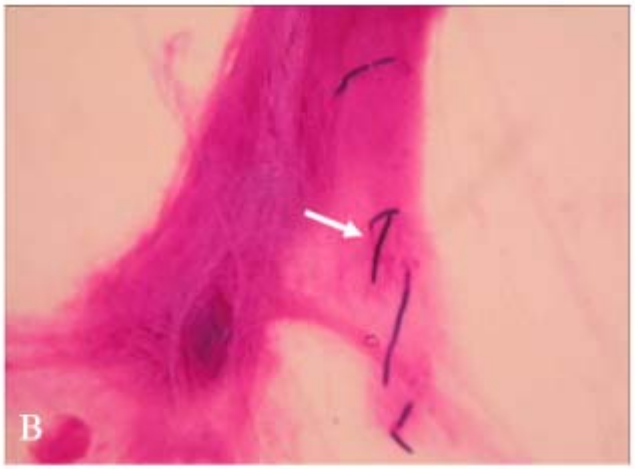
CORNÉE NORMALE

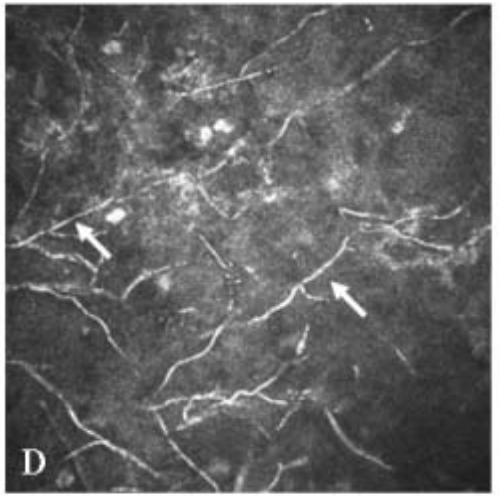


HRT II module cornée









Antifongiques

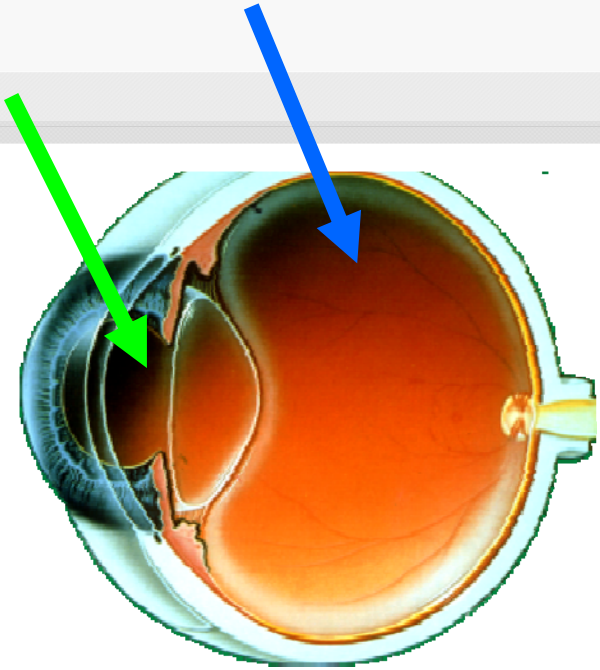
Famille		Nom (DCI)
Polyènes		Amphotéricine B Natamycine
Azolés	Imidazolés	Miconazole Kétoconazole
	Triazolés	Fluconazole Itraconazole Voriconazole
Pyrimidines		Flucytosine
Echinocandines		Caspofongine

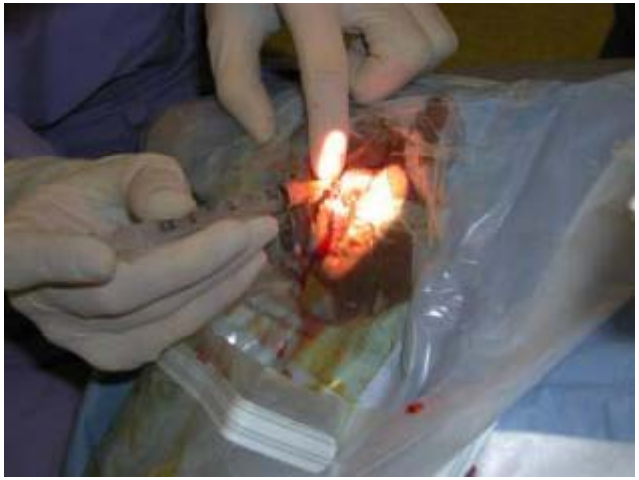
Amphotéricine B

- Spectre large
  - **Levures** : **Candida**, sauf *C. lusitaniae, glabrata, guillermondii ,* **cryptocoques**
  - **Filamenteux** : **Aspergillus**, *Penicillium marneffei*, la plupart des mucorales, **certains fusarium**
- Collyre 0.25% (pharmacie hospitalière)
  - Fungizone®
  - Dextrose ou eau distillée
  - Toxicité locale ++
    - KPS, œdème épithélial, retard de cicatrisation, œdème stromal, chémosis…
  - Pénètre difficilement dans stroma profond & HA

Amphotéricine B

- Intra-Camérulaire
  - Ne pas dépasser 10µg
- IVT
  - 5-10 µg / 0.1 ml de glucosé à 5%
  - Risque nécrose rétinienne => injectée loin de la rétine et biseau de l'aiguille vers le haut





Natamycine

Famille		Nom (DCI)
Polyènes		Amphotéricine B Natamycine
Azolés	Imidazolés	Miconazole Kétoconazole
	Triazolés	Fluconazole Itraconazole Voriconazole
Pyrimidines		Flucytosine
Echinocandines		Caspofongine

- Spectre large:
  - **Filamenteux**: **Fusarium, Aspergillus**, acremonium, penicillium
  - **Levures**: **Candida**, cryptococcus
- Pimaricin® suspension 5% (ATU)
- Tolérance correcte
- Mais très mauvaise pénétration transcornéenne
  ⇨ dose de charge horaire & débrider l'épithélium

Fluconazole

Famille		Nom (DCI)
Polyènes		Amphotéricine B Natamycine
Azolés	Imidazolés	Miconazole Kétoconazole
	Triazolés	Fluconazole Itraconazole Voriconazole
Pyrimidines		Flucytosine
Echinocandines		Caspofongine

- Spectre étroit
  - **Candida** (sauf krusei, glabrata), **cryptococcus**, **dimorphiques** (moins que itraco), faible activité filamenteux
- Per os: Triflucan®
- Collyre 2% (pharmacie hospitalière)
- SC 2%
- IVT 100 µg/0.1 ml

Itraconazole

Famille		Nom (DCI)
Polyènes		Amphotéricine B Natamycine
Azolés	Imidazolés	Miconazole Kétoconazole
	Triazolés	Fluconazole Itraconazole Voriconazole
Pyrimidines		Flucytosine
Echinocandines		Caspofongine

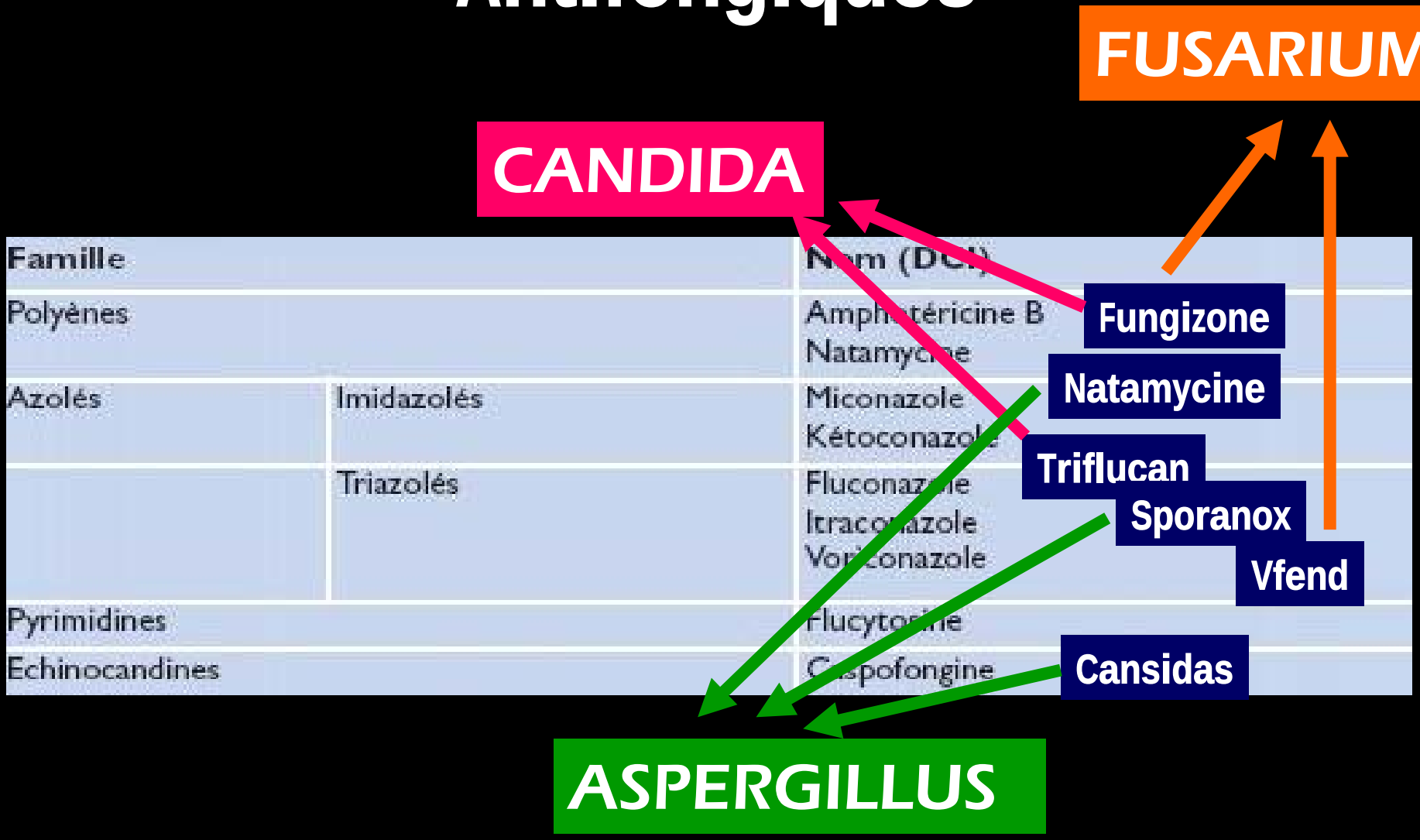
- Spectre + large
  - **Levures**: **Candida** (des résistances sont possibles), cryptococcus, pytirosporum
  - **Filamenteux**: **Aspergillus**, scedosporium, pas le fusarium
- Per os: Sporanox®
- Collyre 1% (pharmacie hospitalière)

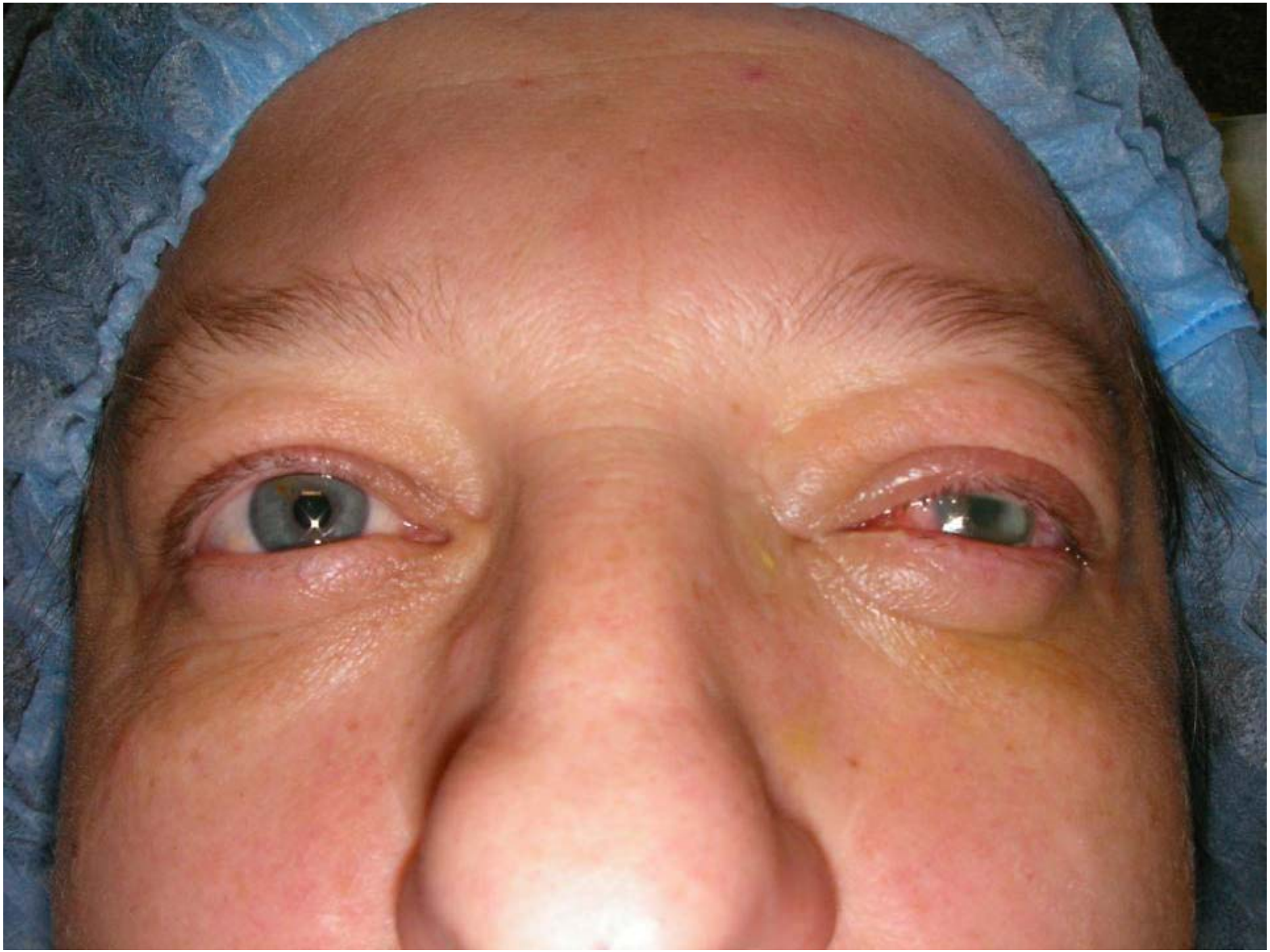
Voriconazole

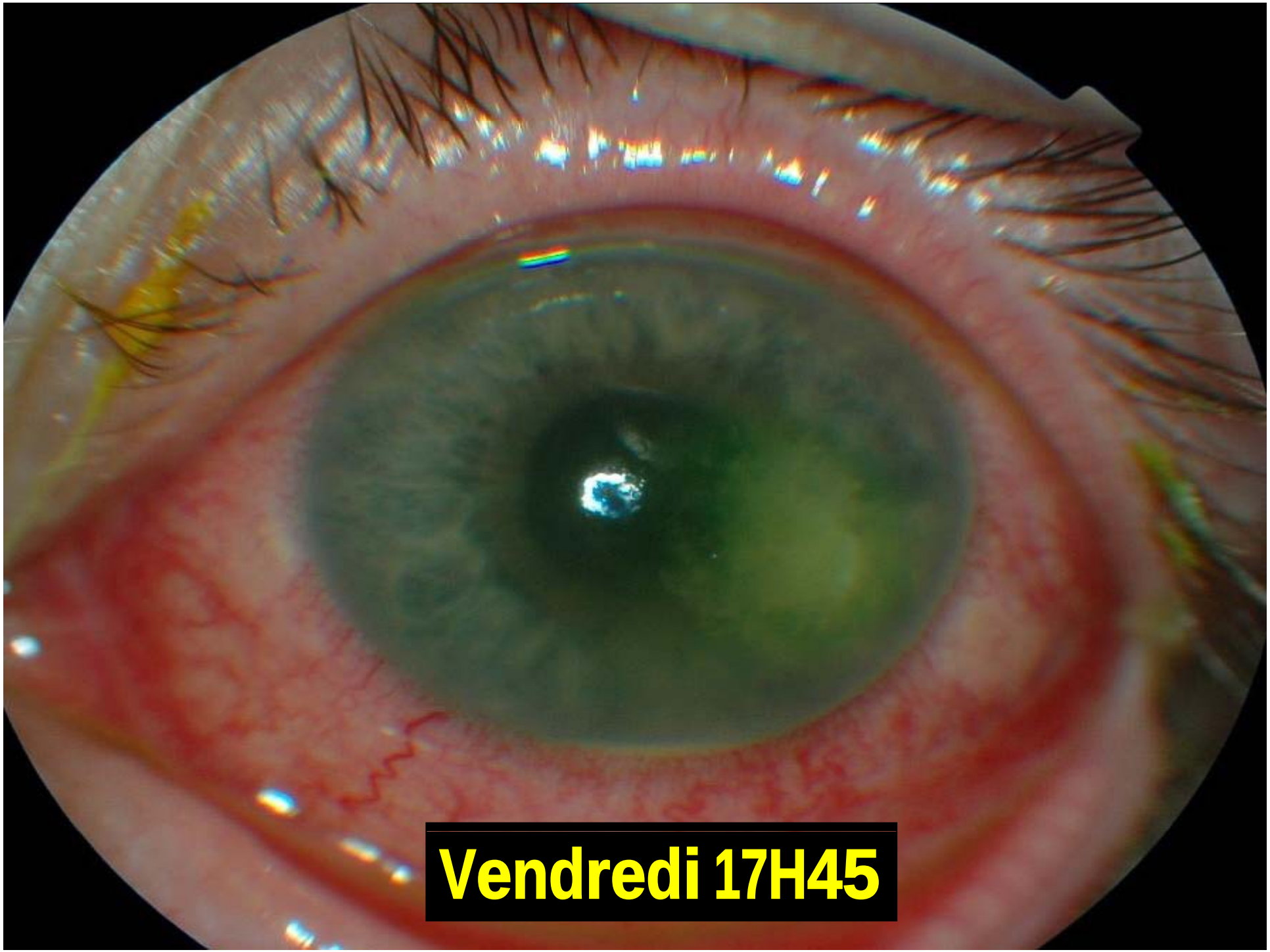
Famille		Nom (DCI)
Polyènes		Amphotéricine B Natamycine
Azolés	Imidazolés	Miconazole Kétoconazole
	Triazolés	Fluconazole Itraconazole Voriconazole
Pyrimidines		Flucytosine
Echinocandines		Caspofongine

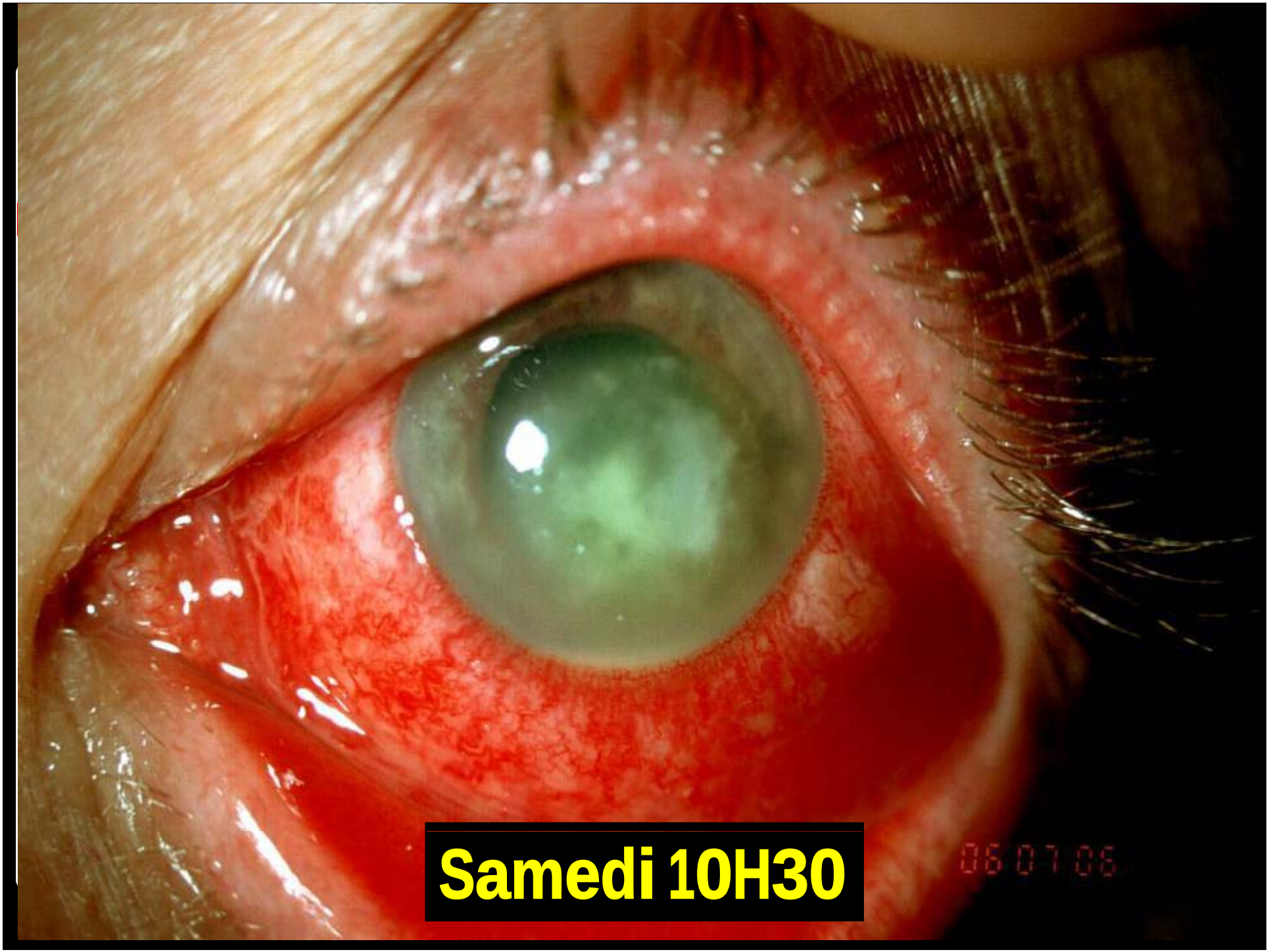
- Spectre large:
  - **Candida** (krusei, glabrata, guilliermondii fluconazole-R), C. neoformans
  - **Aspergillus, fusarium**, scedosporium apiospermum, paecilomyces
- Per os
- Collyre 1% (pharmacie hospitalière)
- IVT 100 µg

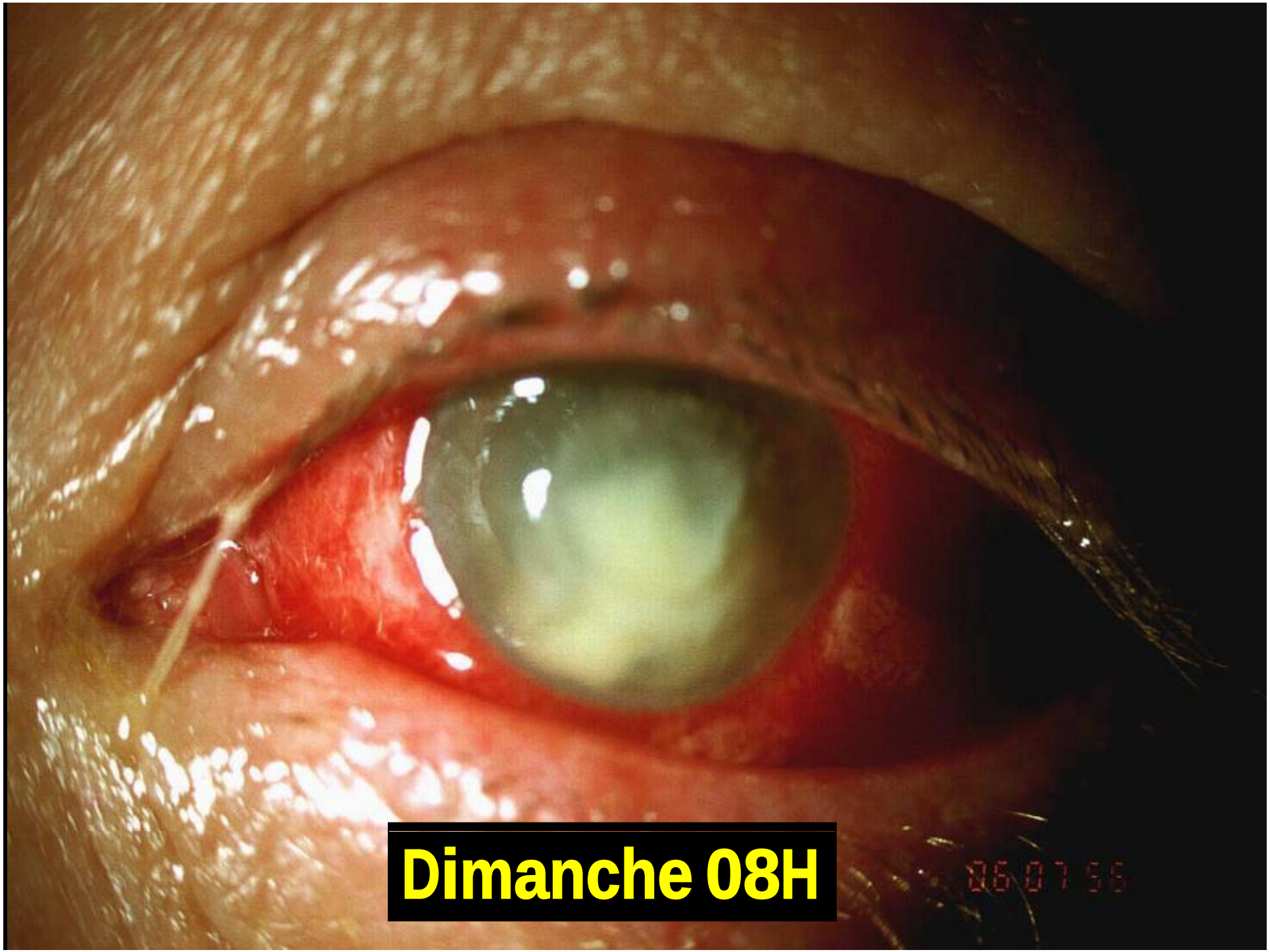
Antifongiques

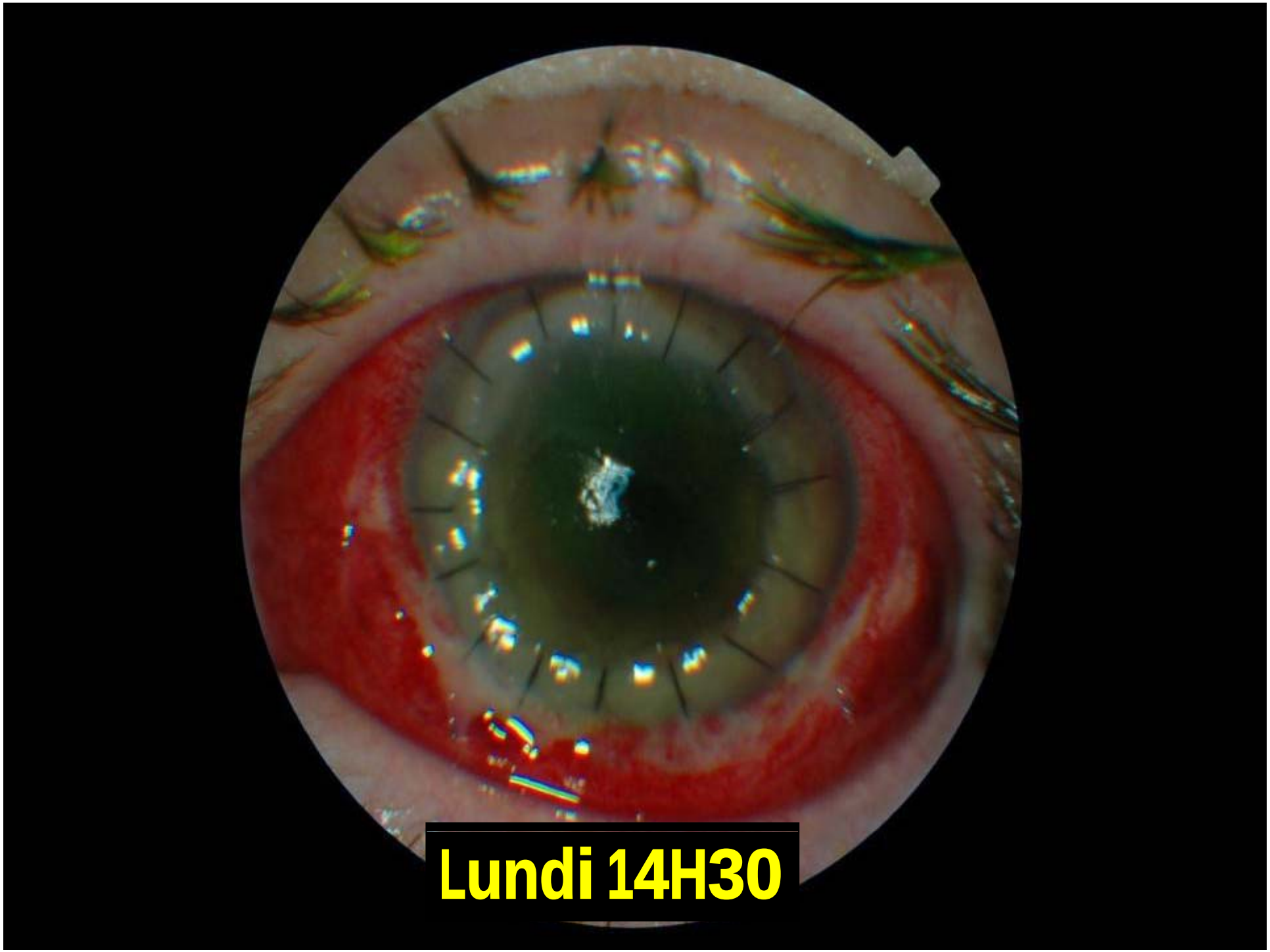


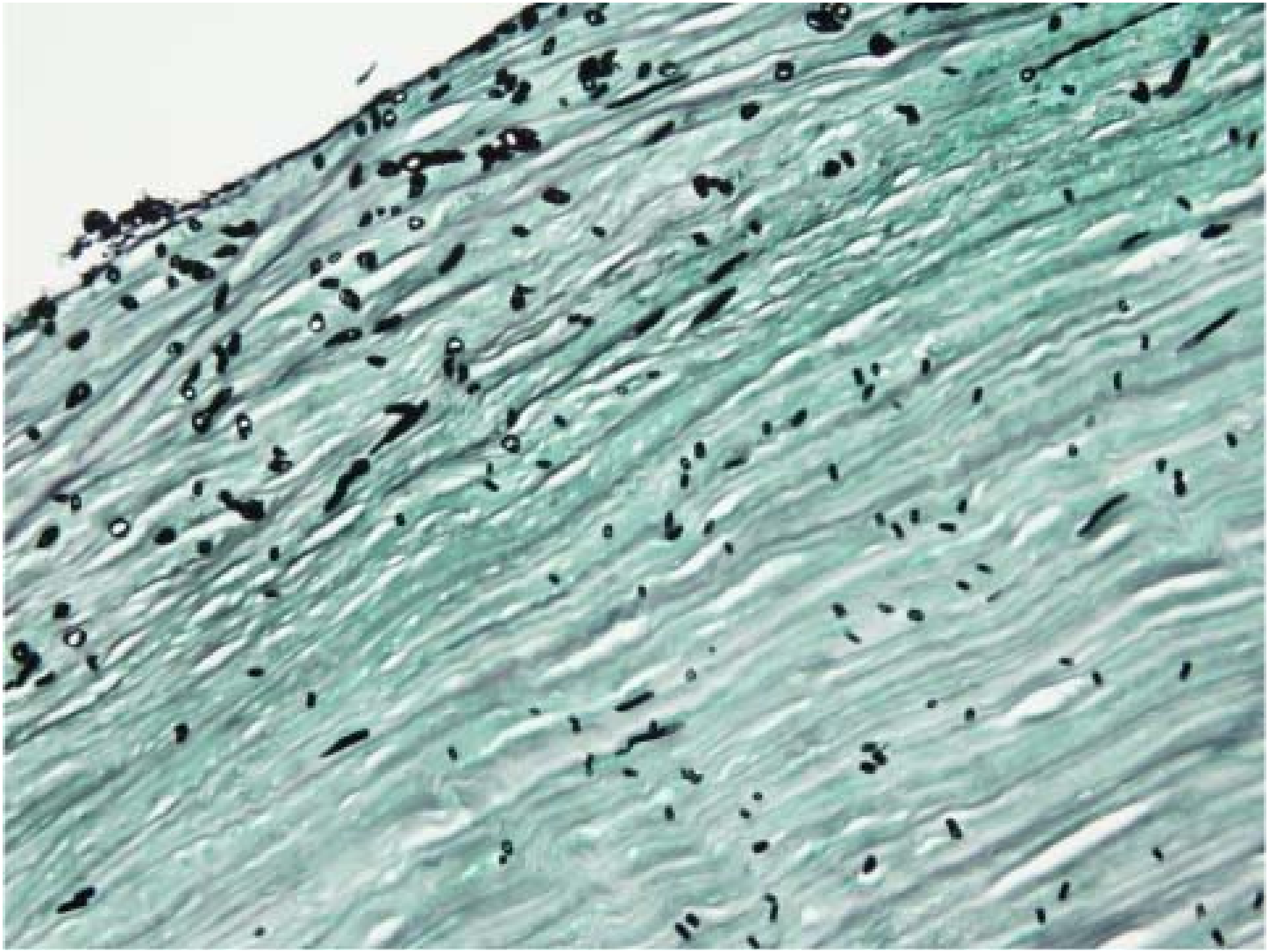


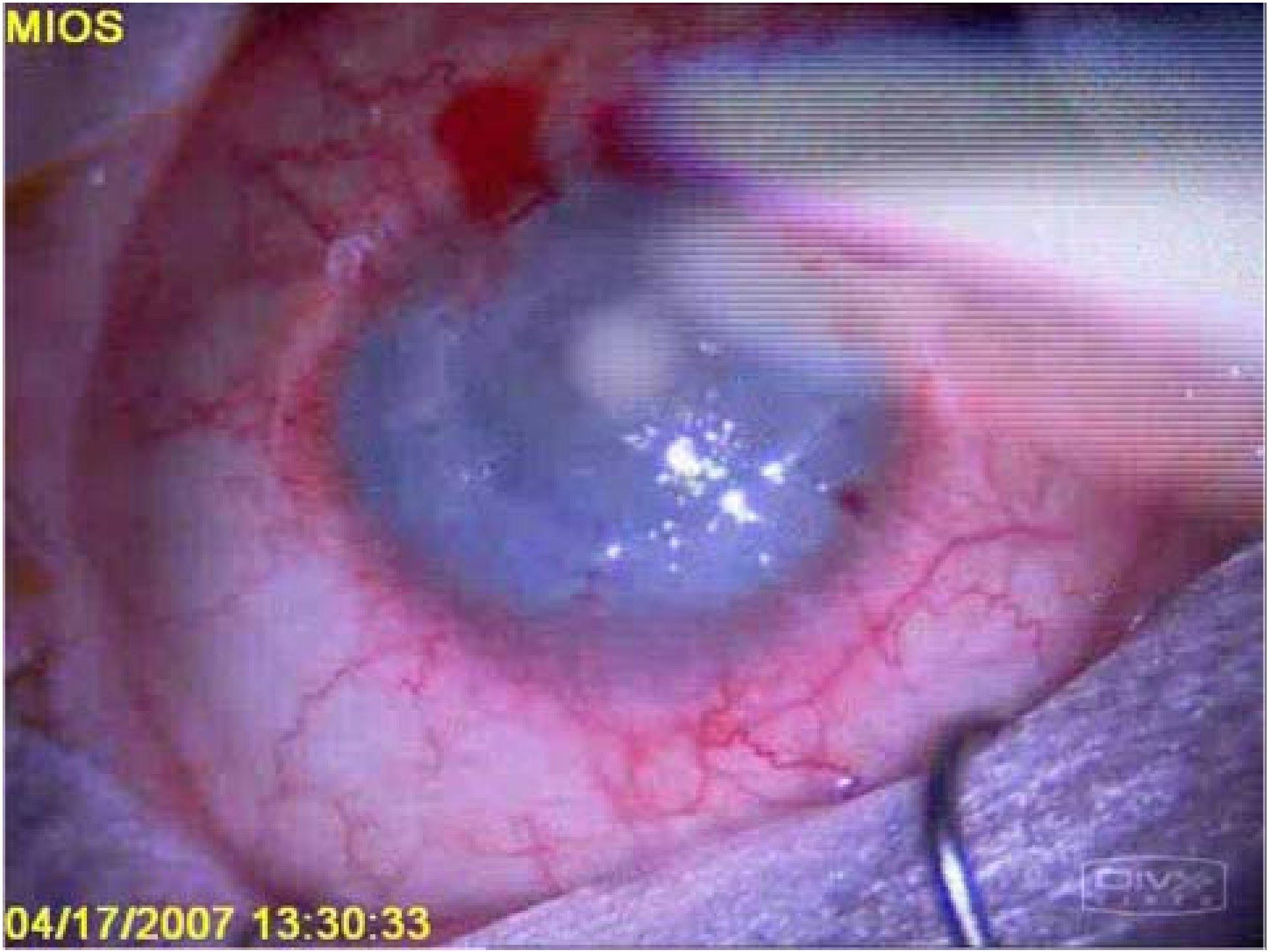

Vendredi 17H45


Samedi 10H30
06 07 06


Dimanche 08H


Lundi 14H30

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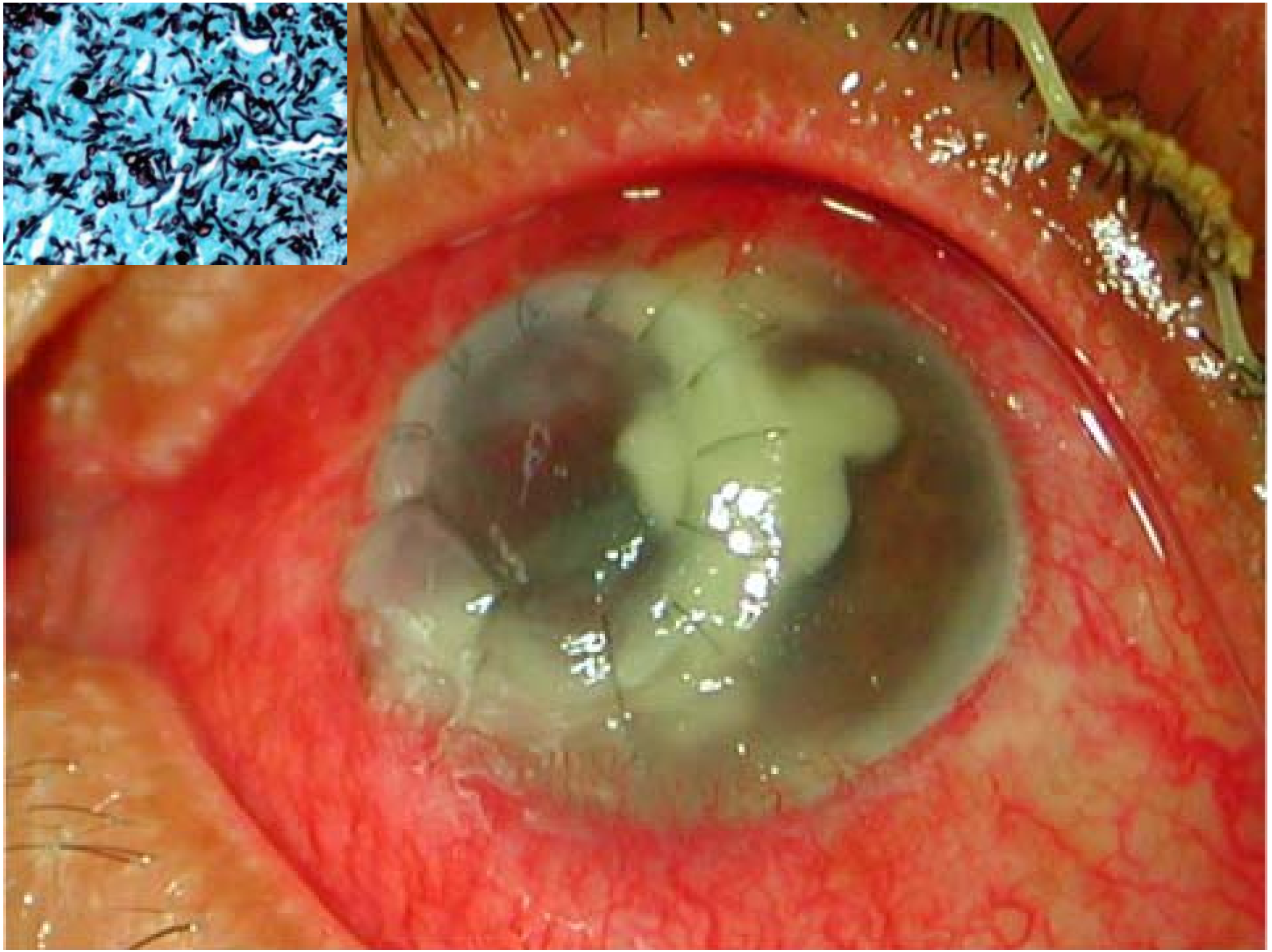
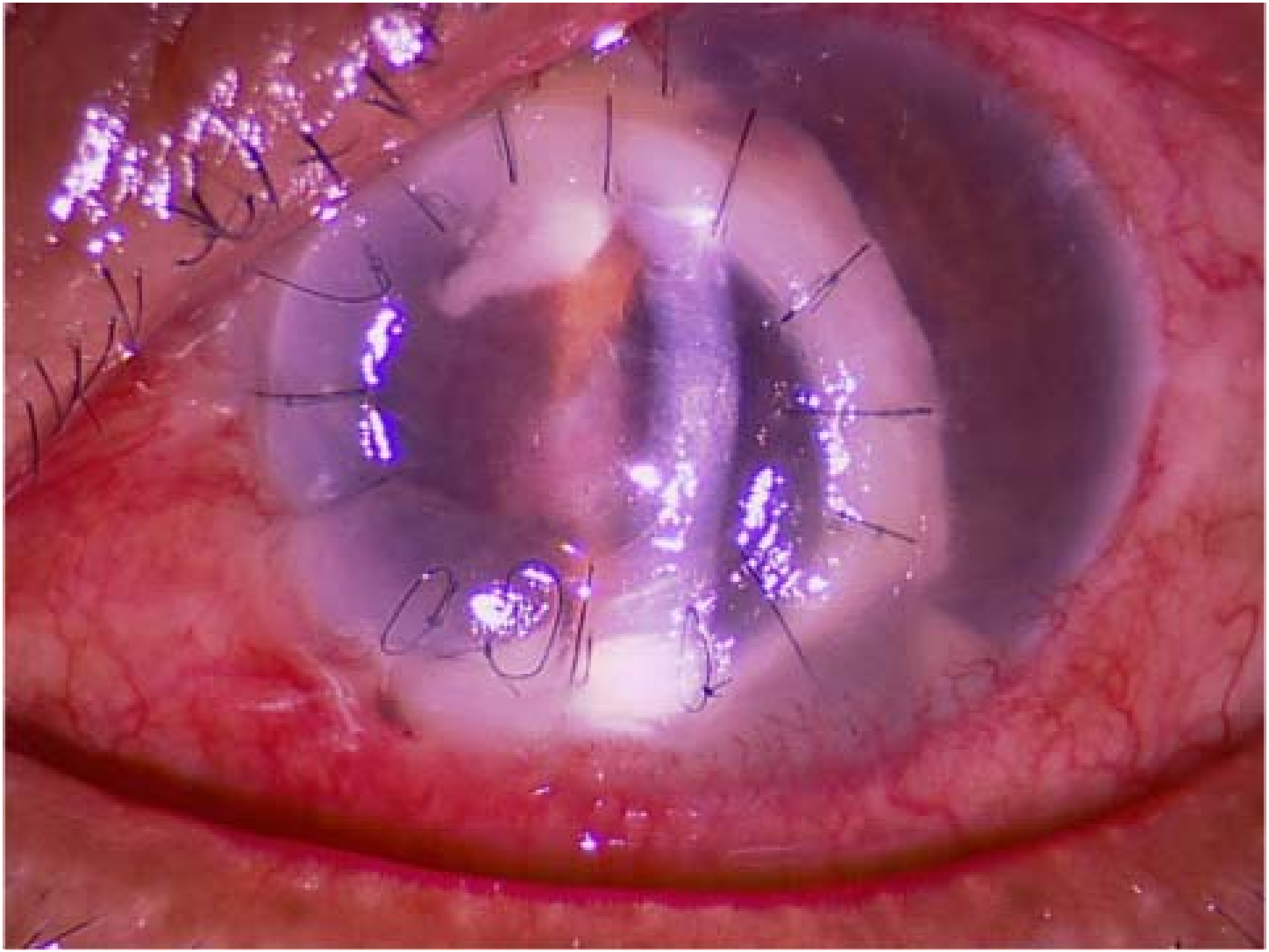
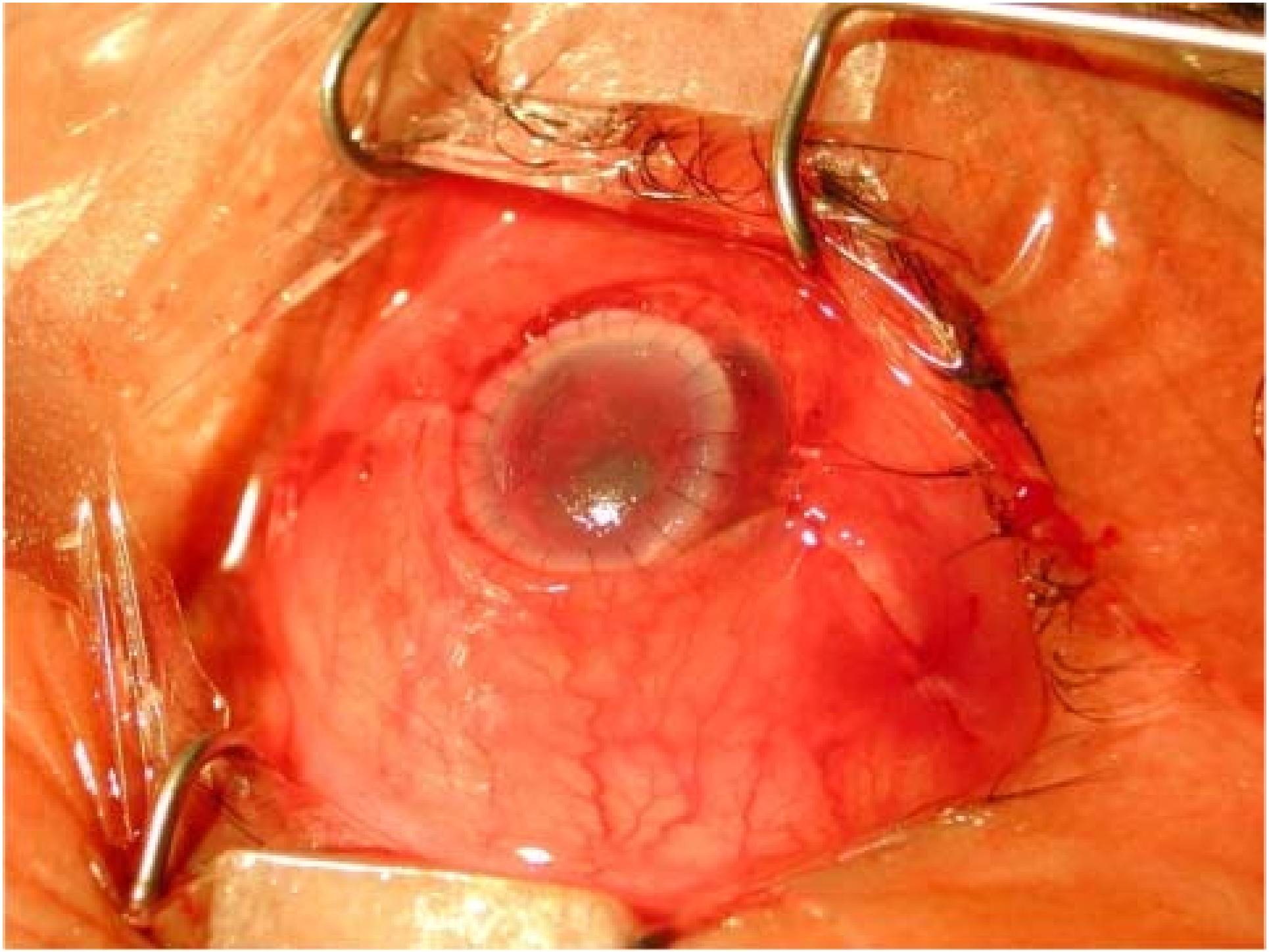
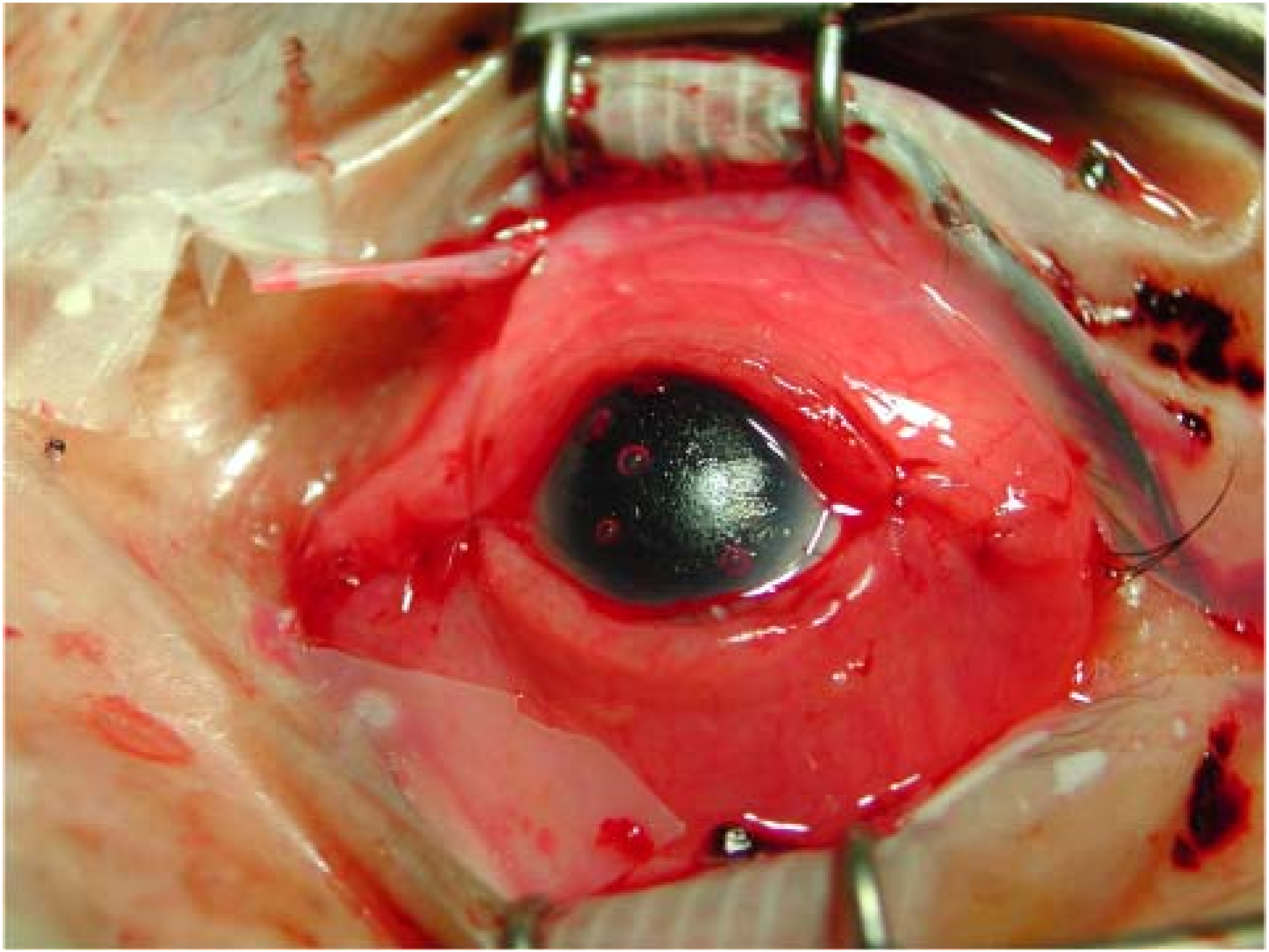
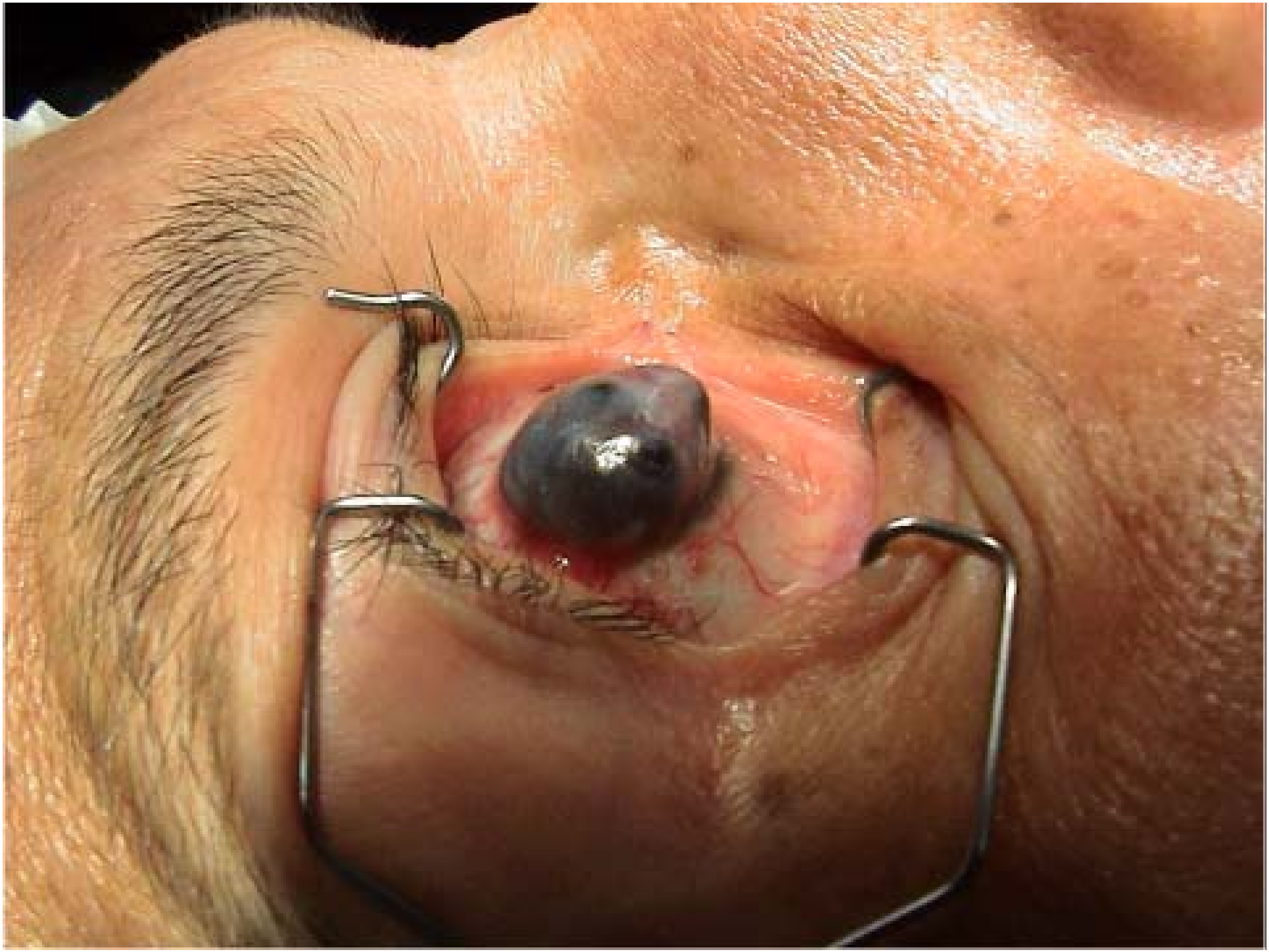
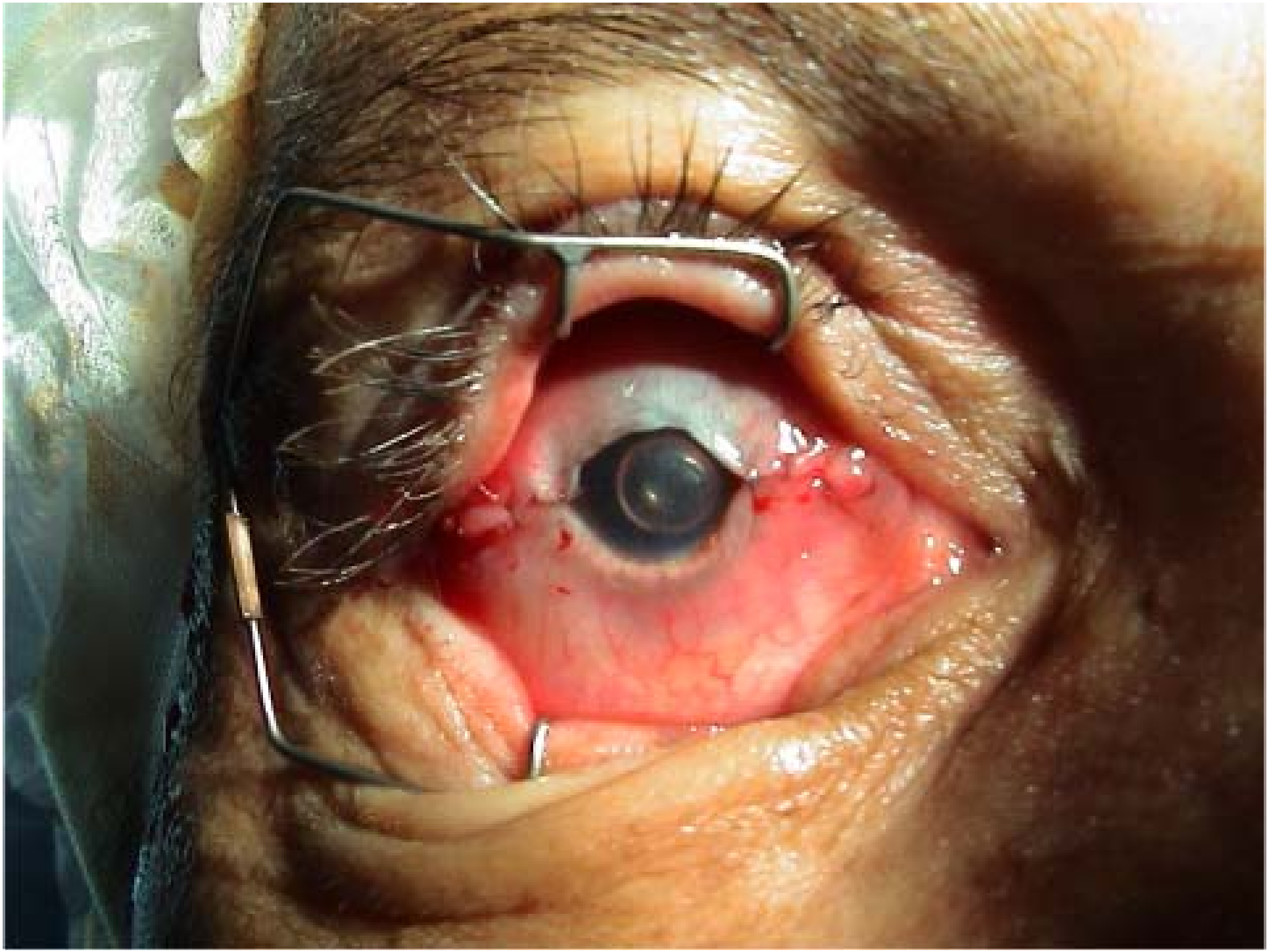


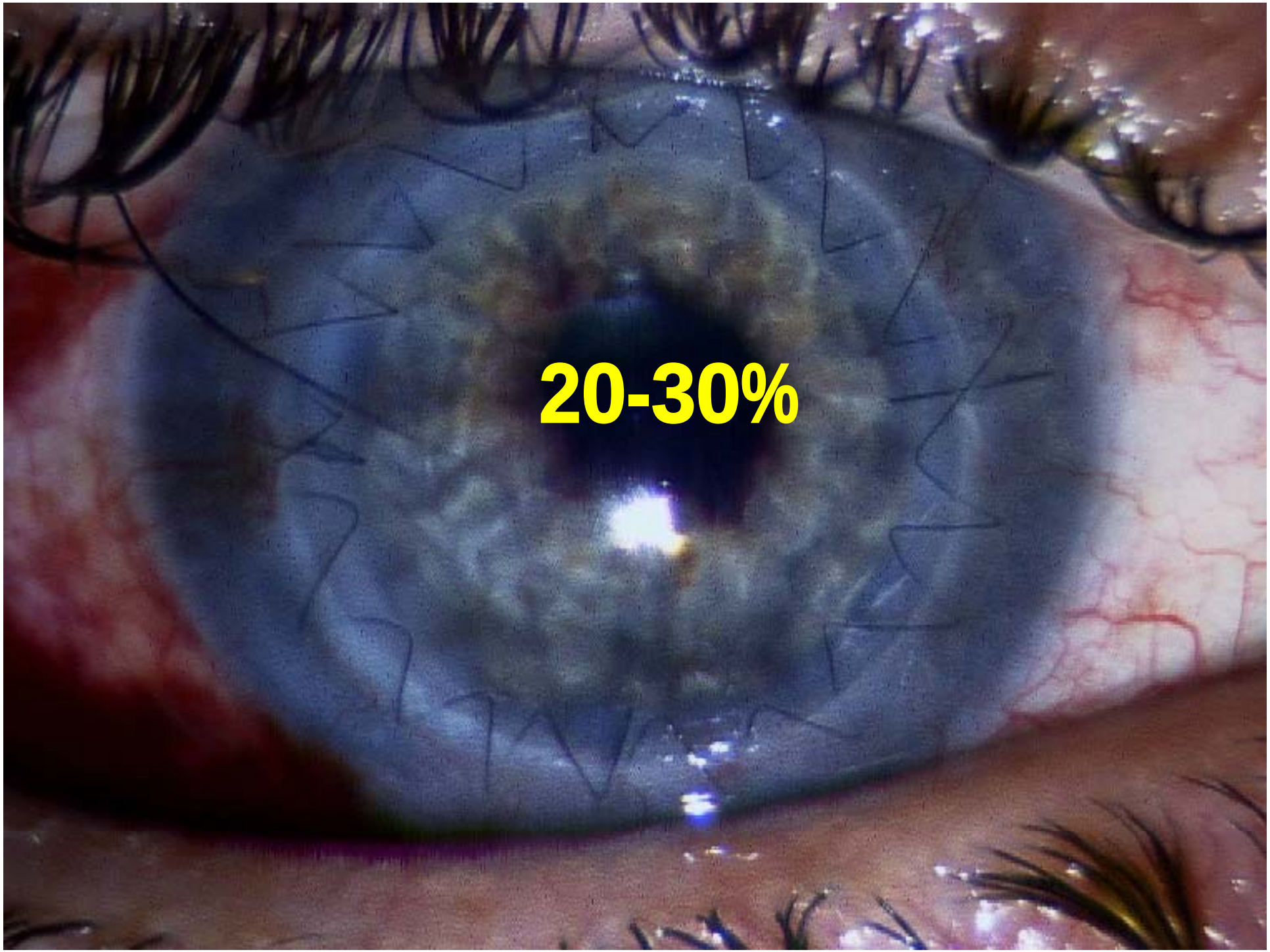


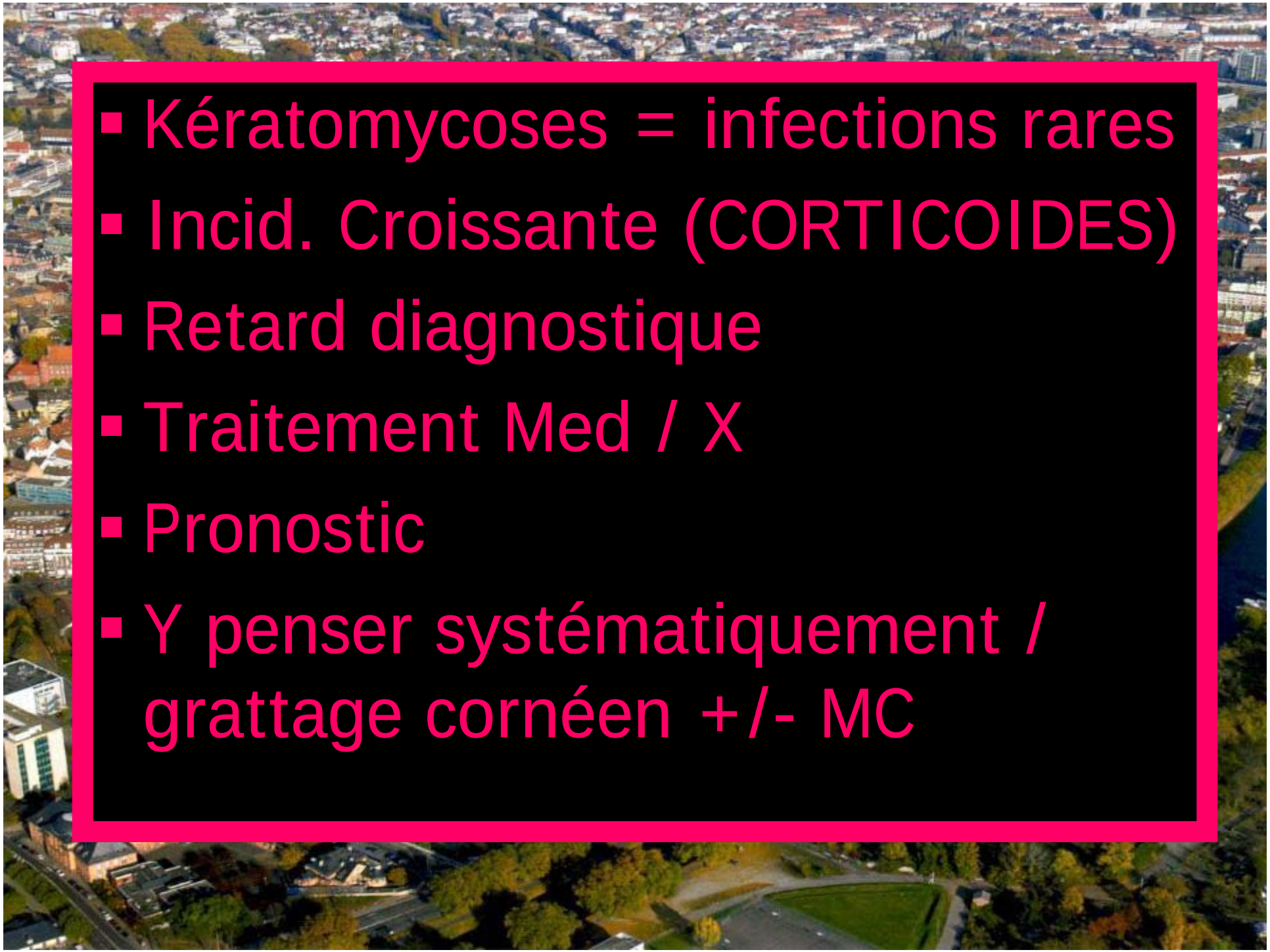




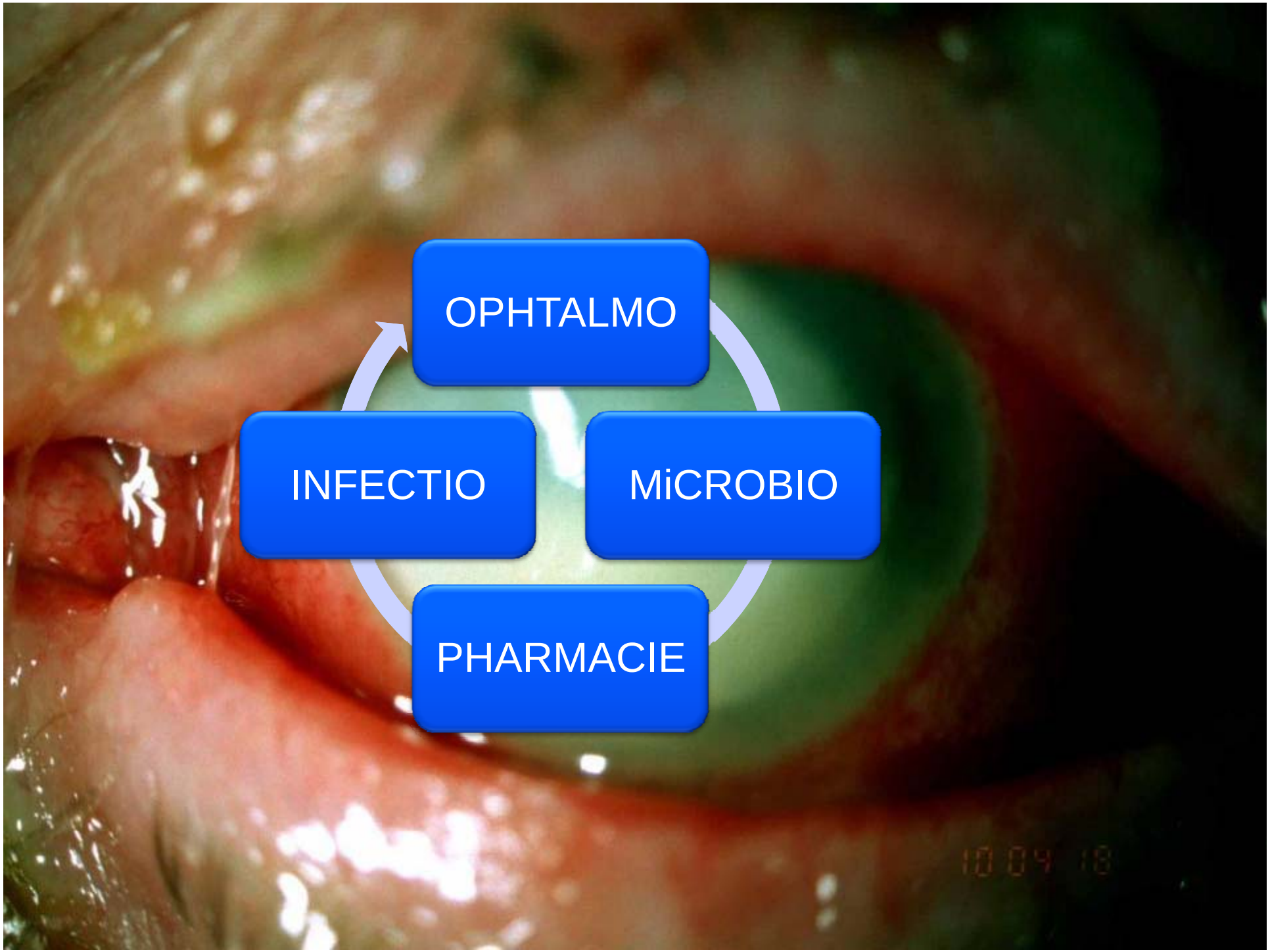


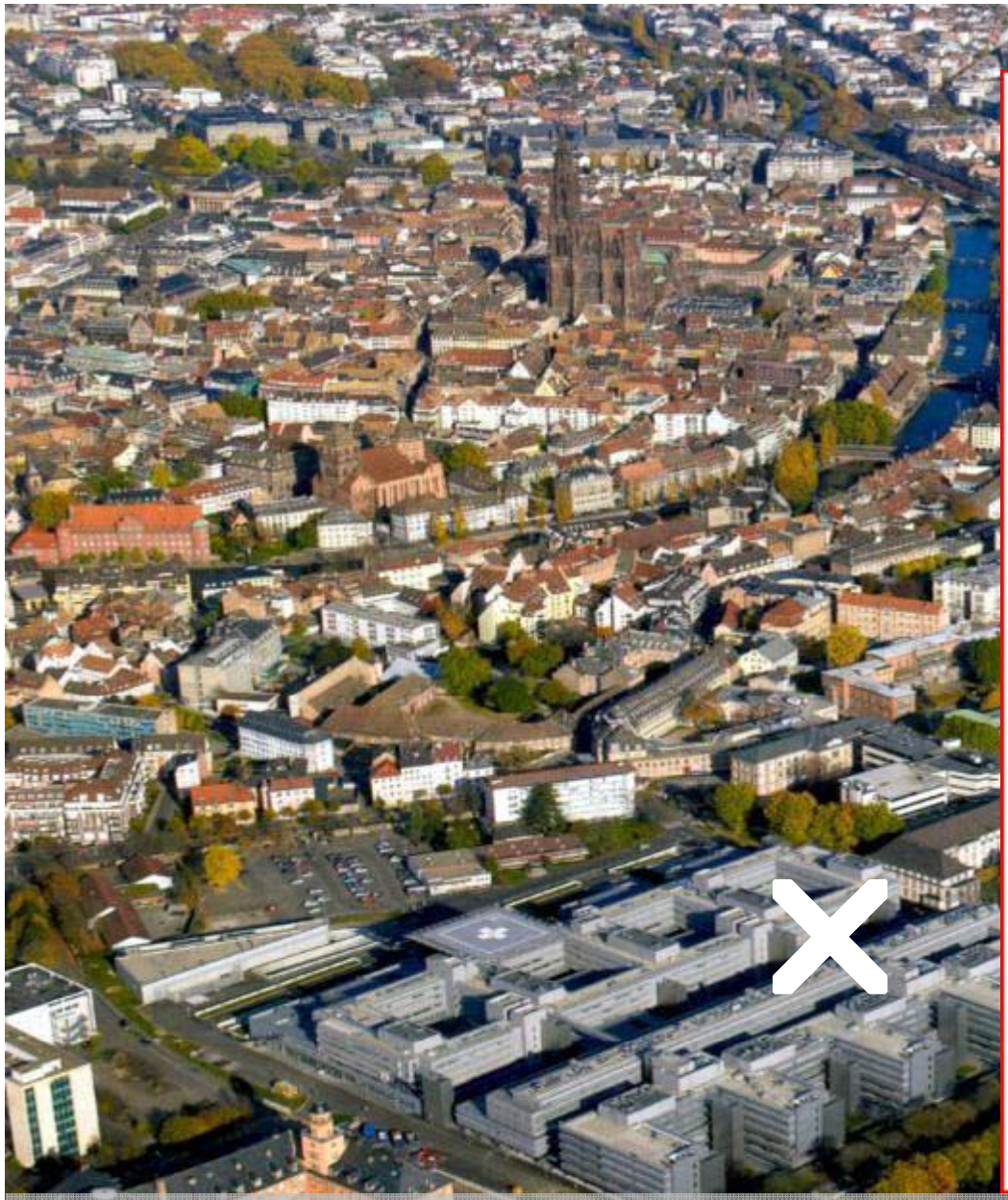


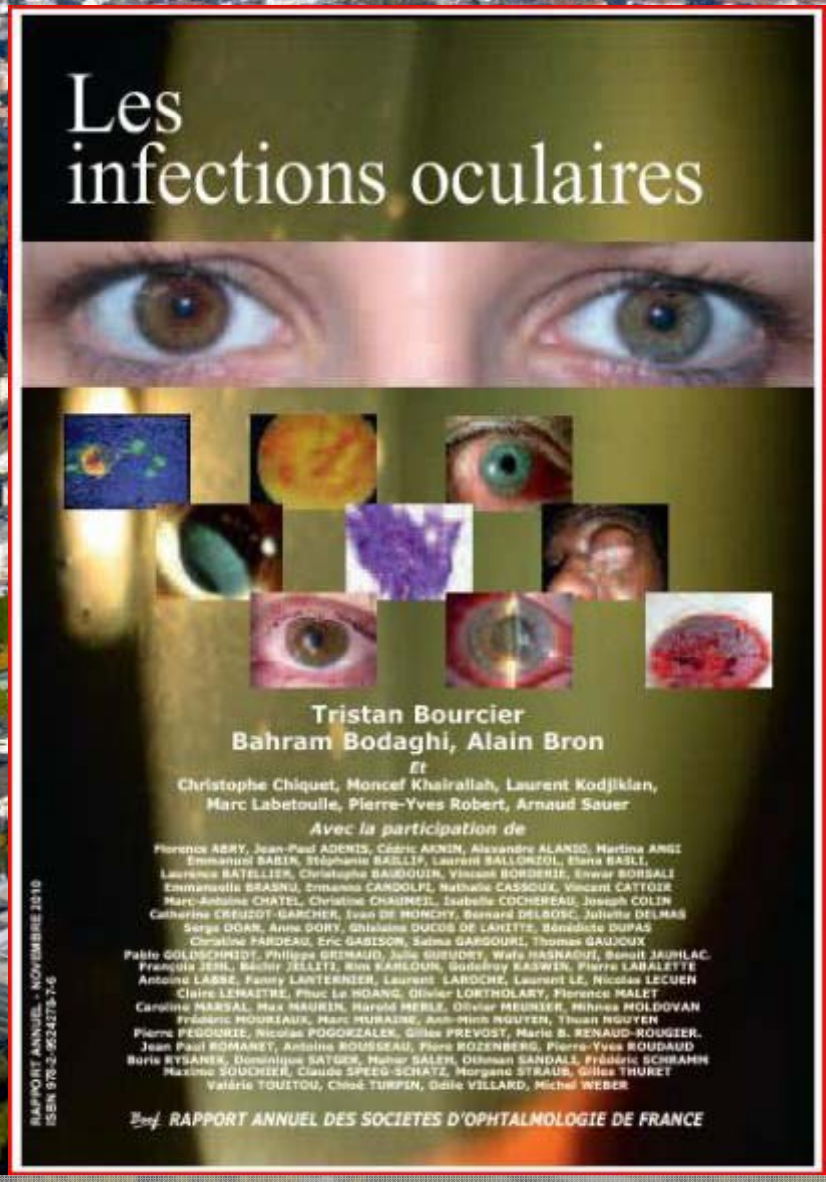

20-30%



- Kératomycoses = infections rares
- Incid. Croissante (CORTICOIDES)
- Retard diagnostique
- Traitement Med / X
- Pronostic
- Y penser systématiquement / grattage cornéen +/- MC


OPHTALMO
MiCROBIO
PHARMACIE
INFECTIO





OPHTALMOLOGIE, NOUVEL HOPITAL CIVIL,

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