



Kératomycoses

Diagnostic & traitement



Tristan Bourcier

KERATITE

TRAUMATISME
TOXICITE

INFECTION

SECHERESSE
ALLERGIE
IMMUNITAIRE

Bacteries

98%

Champignons

1%

Parasites

1%

Virus

HSV
VZV
ADV
...

2/3

1/3

Fila		Levures	
Non pigmentés	Pigmentés		
Fusarium	<i>Curvularia</i>	Candida	<i>Blastomyces</i>
Aspergillus	<i>Alternaria</i>		<i>Coccidioides</i>
<i>Aspergillus</i>	<i>Phialophora</i>		<i>Histoplasma</i>
<i>Paecilomyces</i>	<i>Bipolaris</i>		<i>Sporothrix</i>
<i>Penicillium</i>	<i>Exserohilum</i>		
<i>Pseudallescheria</i>	<i>Cladosporium</i>		
<i>Scedosporium</i>	<i>Lasiodiplodia</i>		
<i>Beauveria</i>			

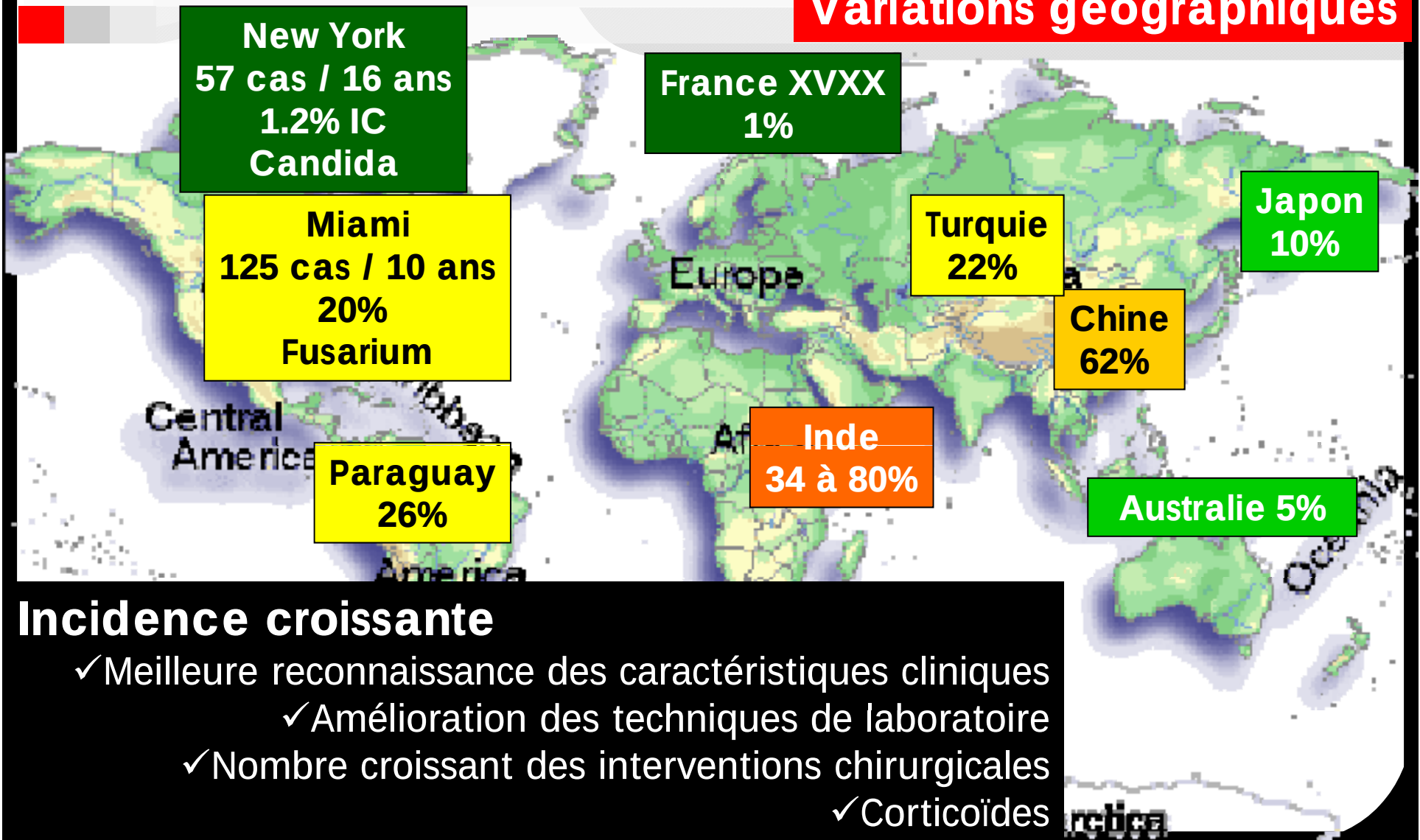
- Climats chauds
- Traumatisme végétal

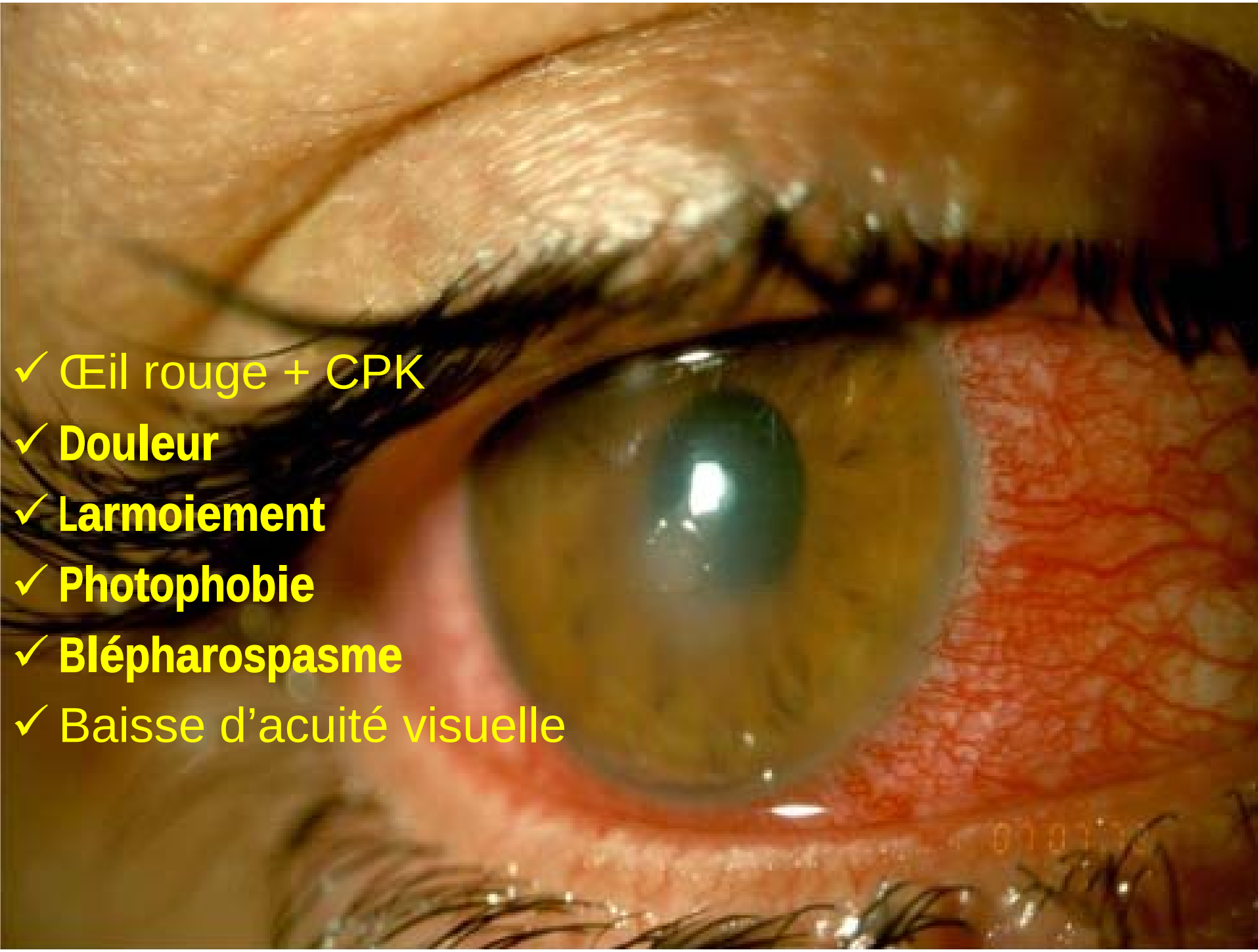
- Climats tempérés
- Pathologie de surface
knt, hsv, paupières ...

Chirurgie cornéenne, lentilles de contact
CORTICOIDES 💣

Kératomycoses: incidences

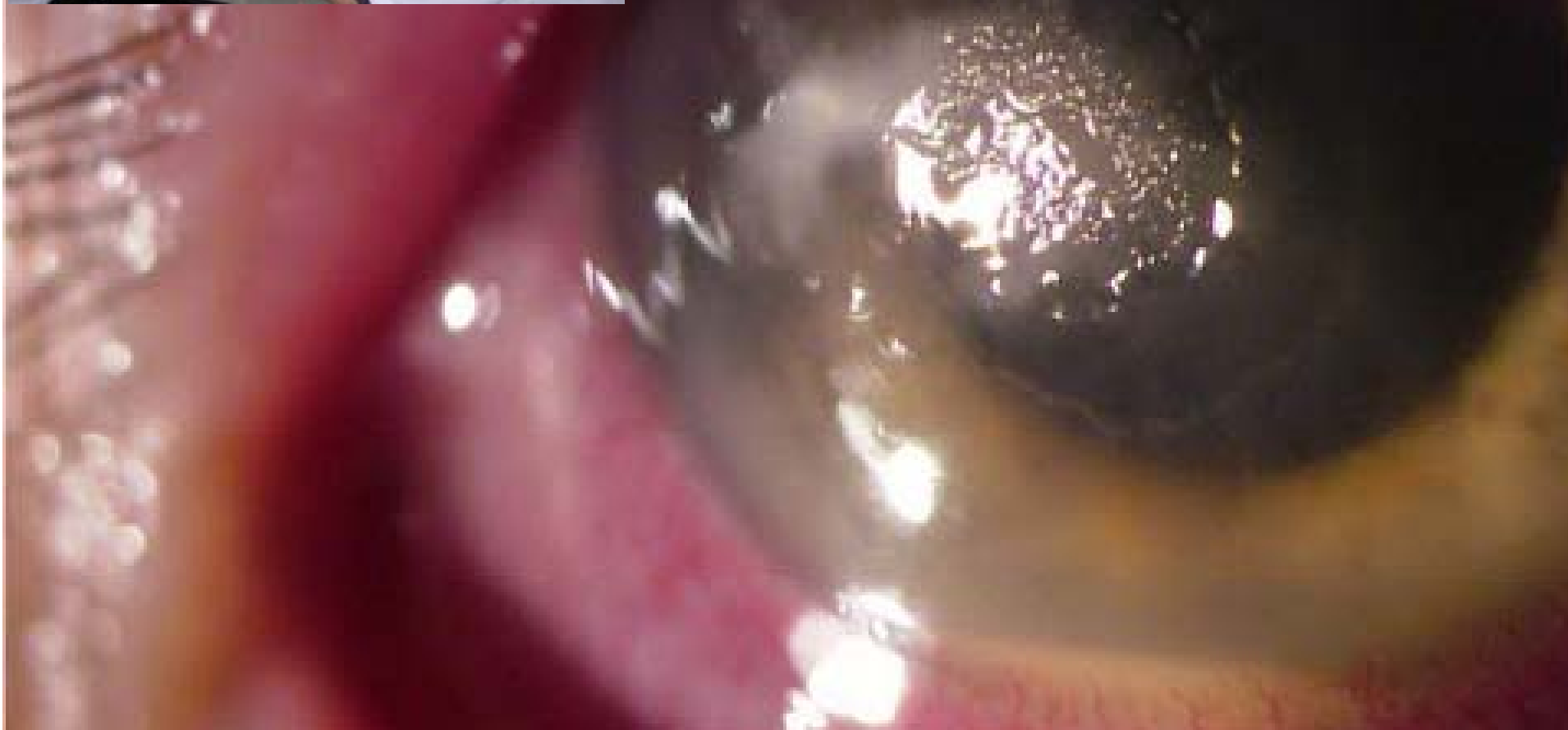
Variations géographiques



- 
- A close-up photograph of a human eye. The sclera (white part) is significantly red and inflamed, with visible blood vessels. The cornea (clear part) shows a small, dark, irregularly shaped lesion, which is a corneal abrasion (CPK). The iris is a light brown color. The eyelids are slightly swollen and red. The overall appearance is consistent with an acute eye injury or infection.
- ✓ Œil rouge + CPK
 - ✓ Douleur
 - ✓ Larmoiement
 - ✓ Photophobie
 - ✓ Blépharospasme
 - ✓ Baisse d'acuité visuelle

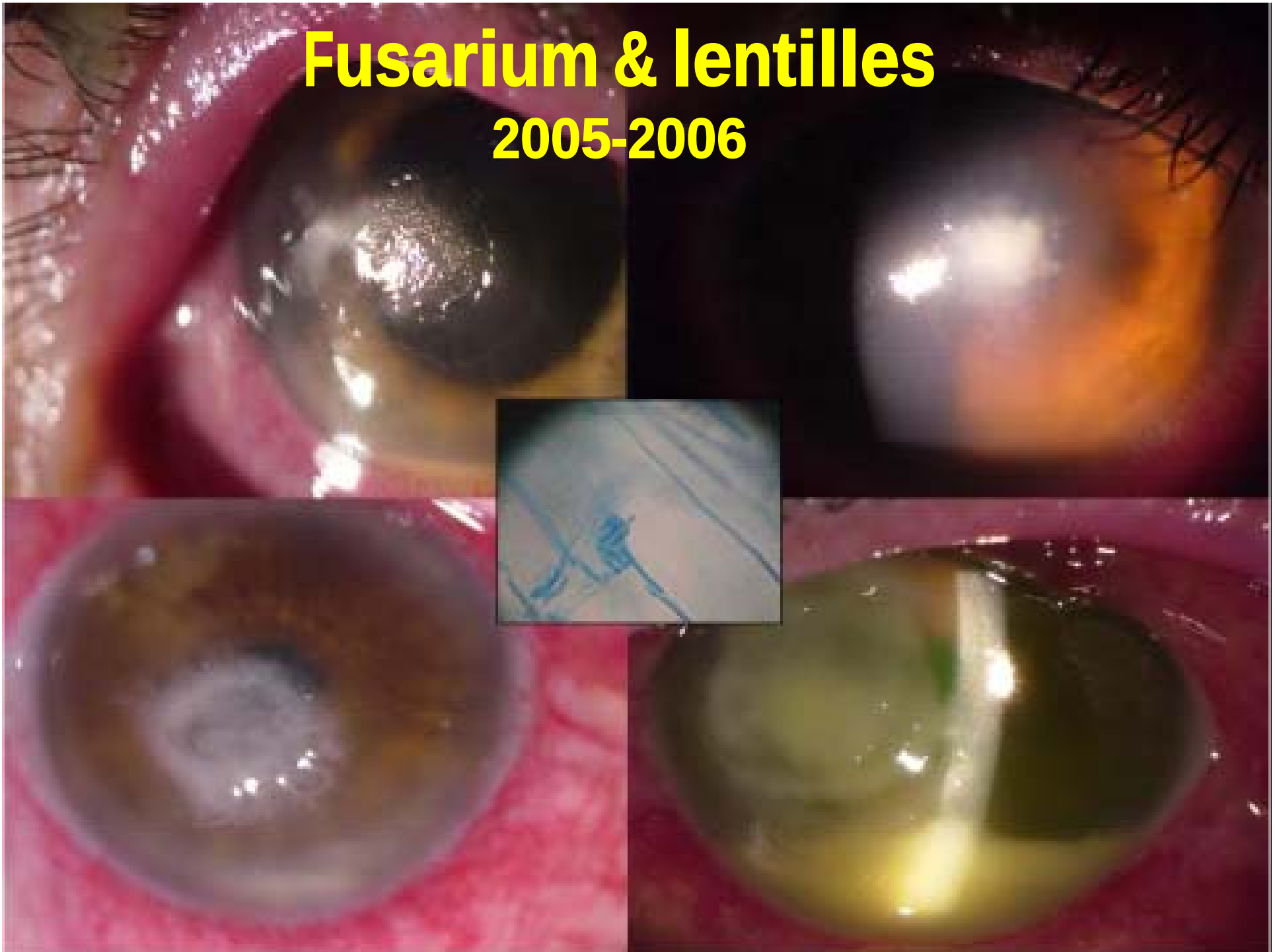


Fusarium

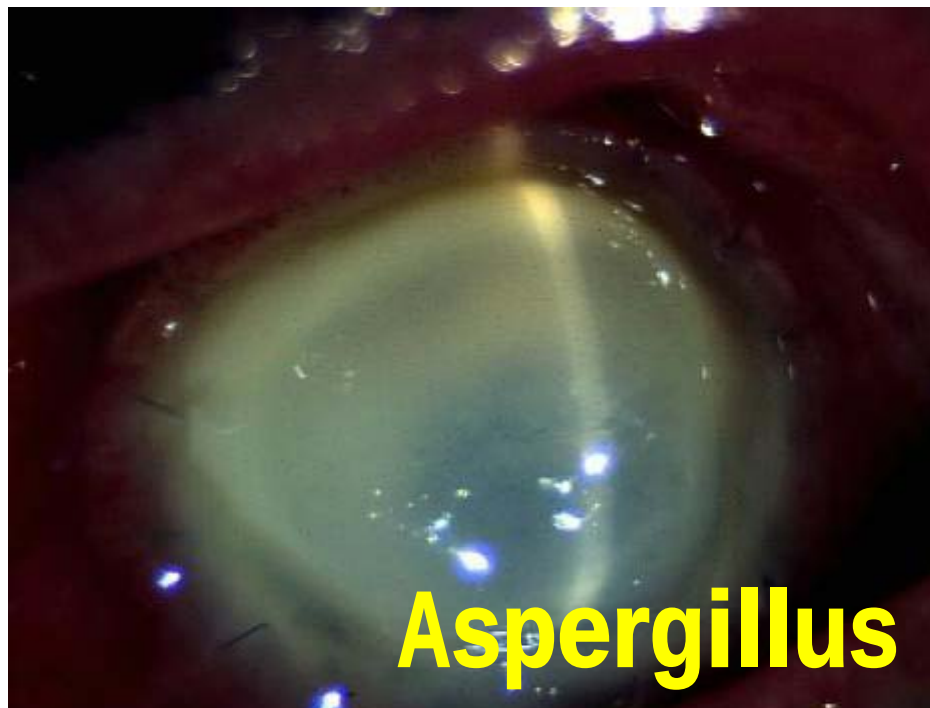


Fusarium & lentilles

2005-2006



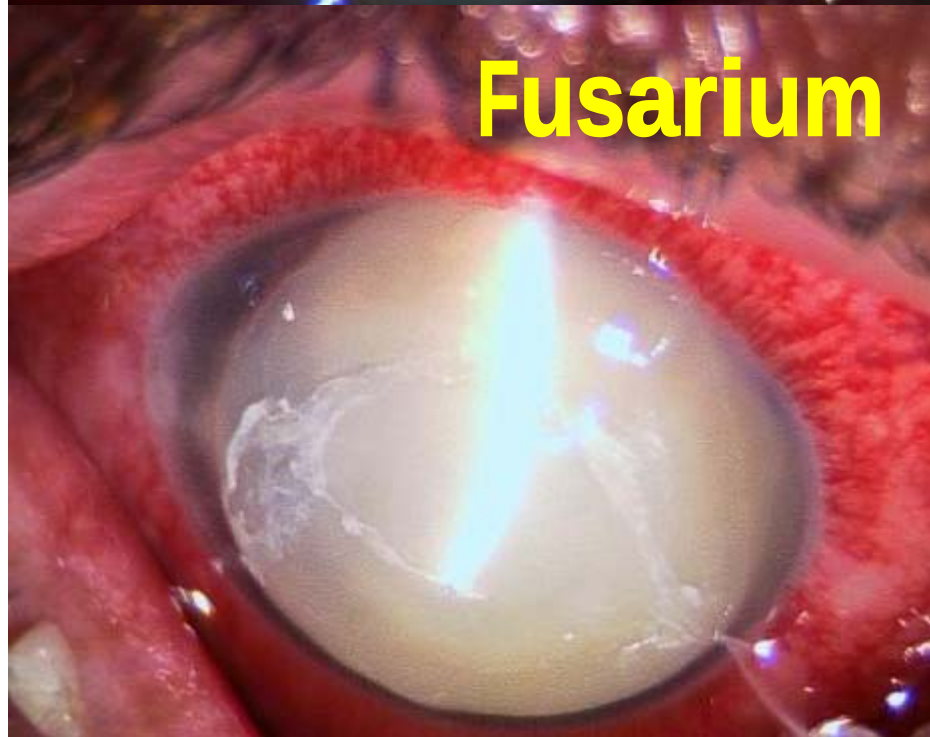
Aspergillus



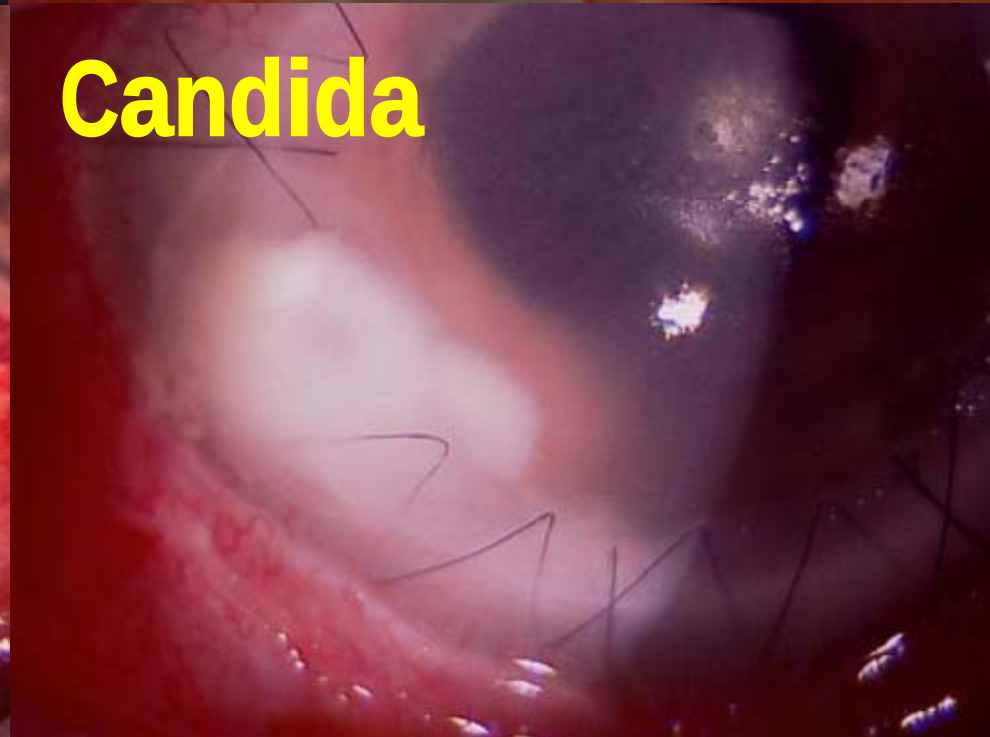
Aspergillus



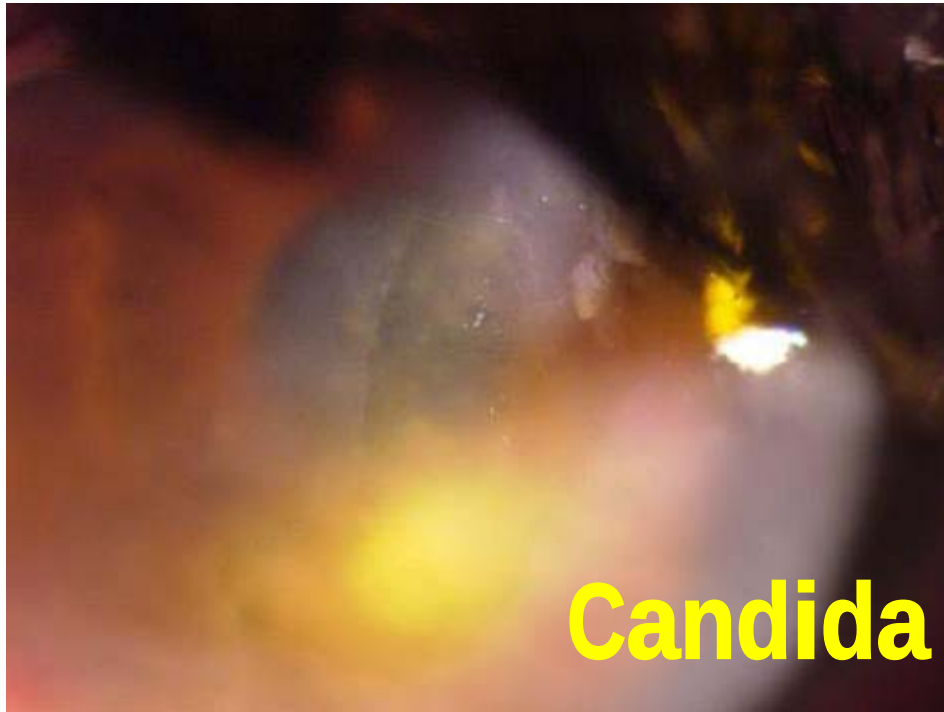
Lasiodiplodia



Fusarium



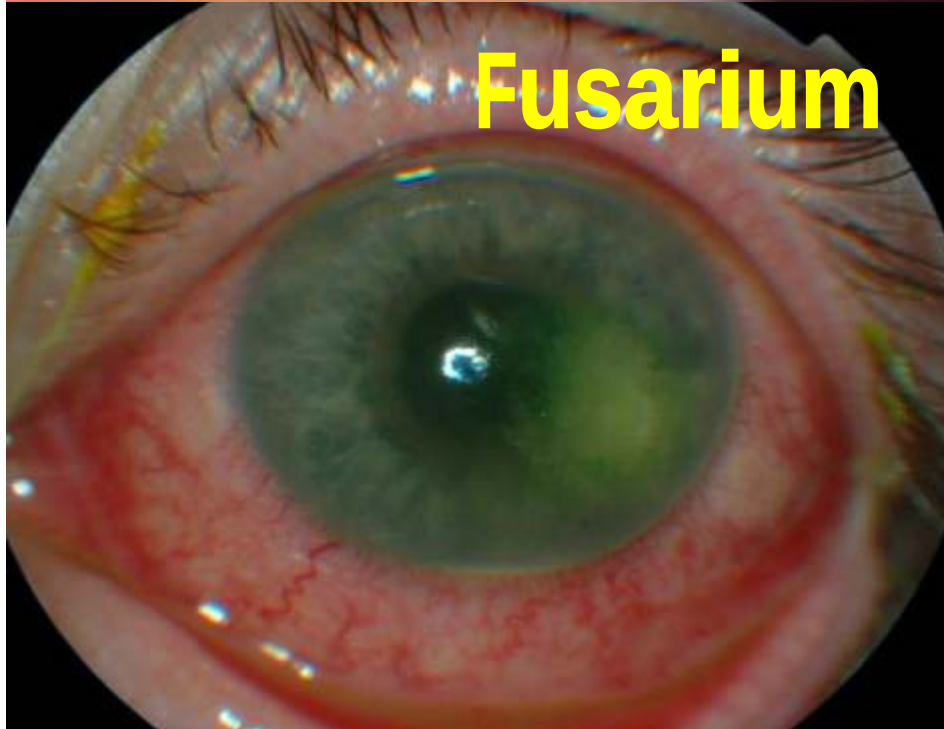
Candida



Candida



Penicillium



Fusarium

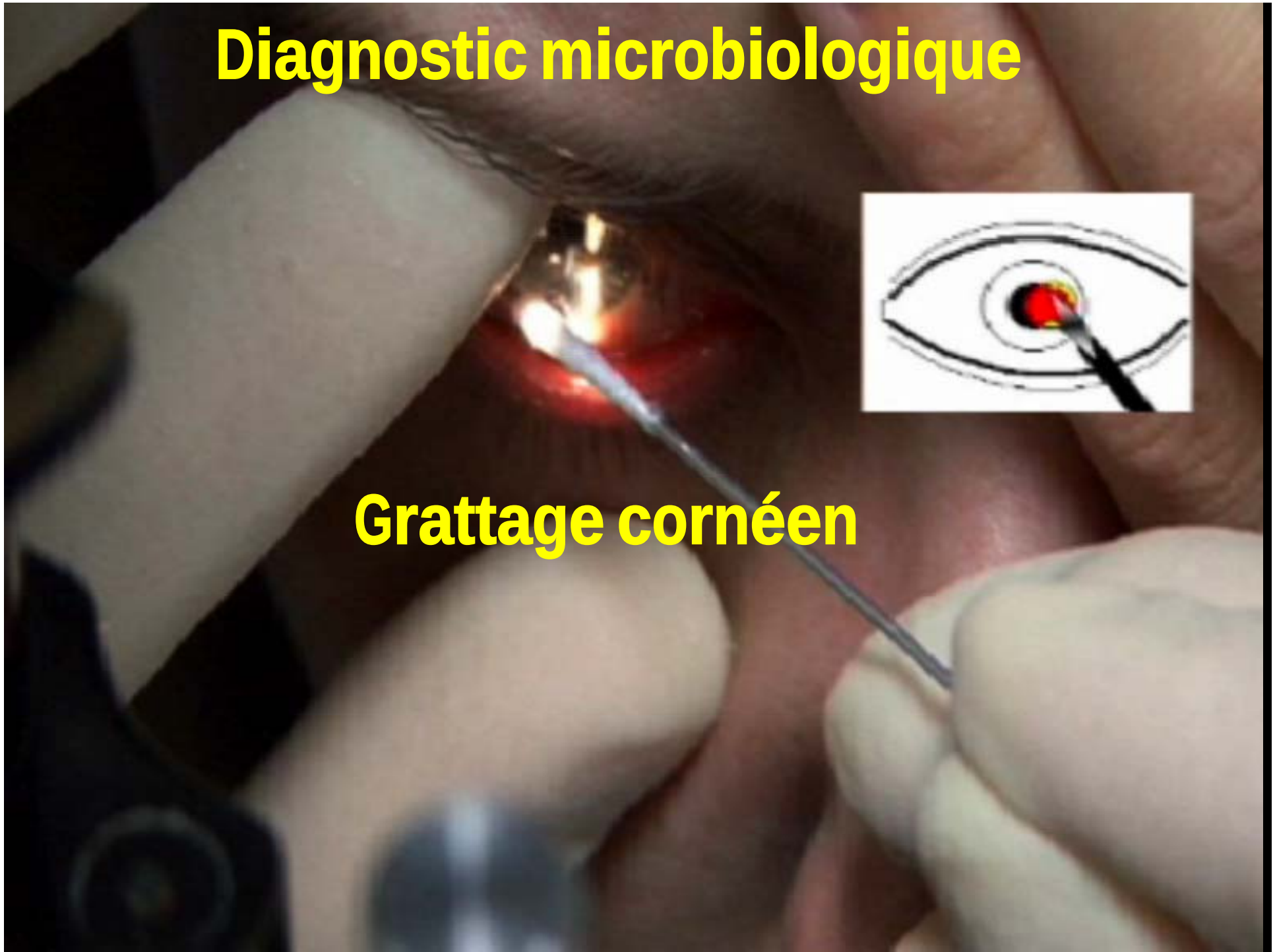


Candida

Diagnostic microbiologique



Grattage cornéen



Kit de GRATTAGE cornéen

Direct

Culture

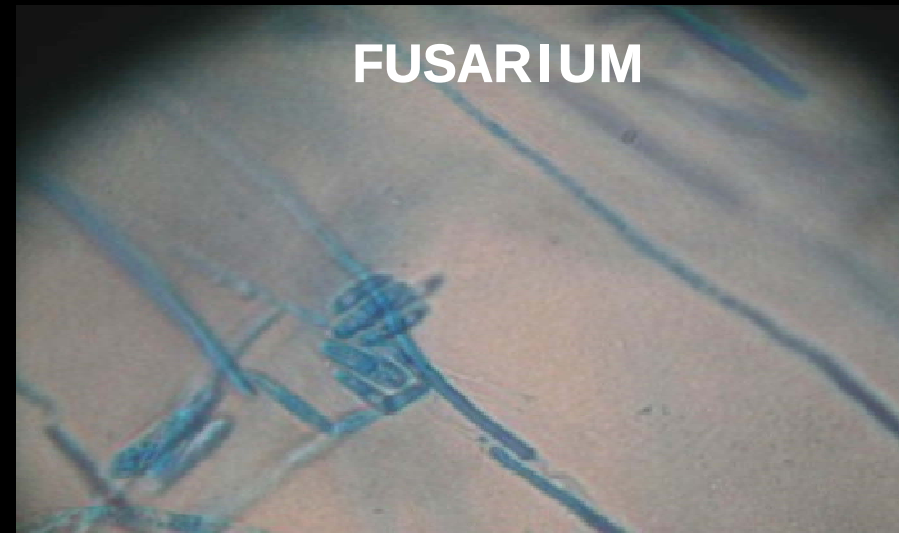
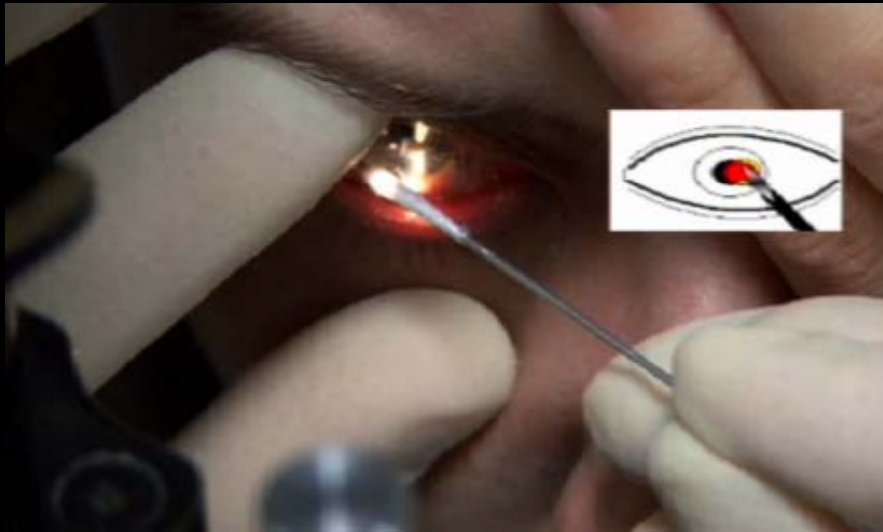
Bacteriologie

Mycologie

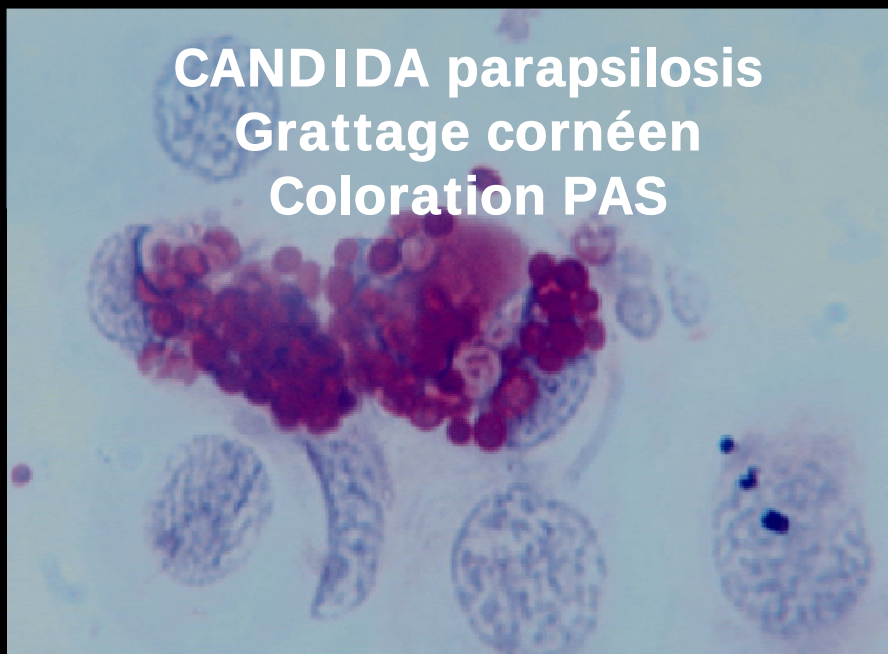
Acanth.

Virologie

Diagnostic microbiologique



FUSARIUM



CANDIDA parapsilosis
Grattage cornéen
Coloration PAS



ASPERGILLUS
Sabouraud

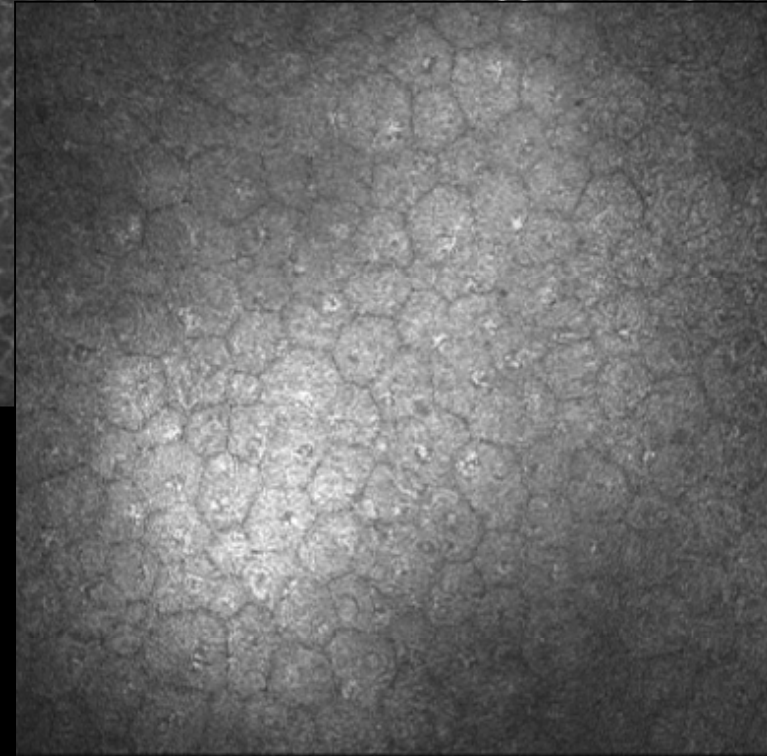
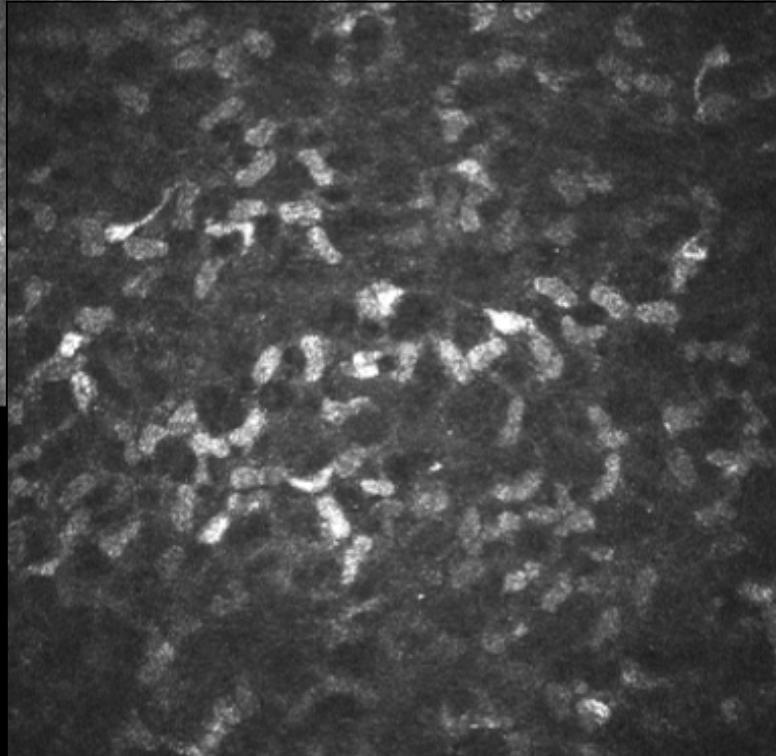
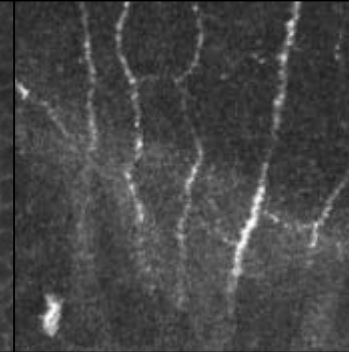
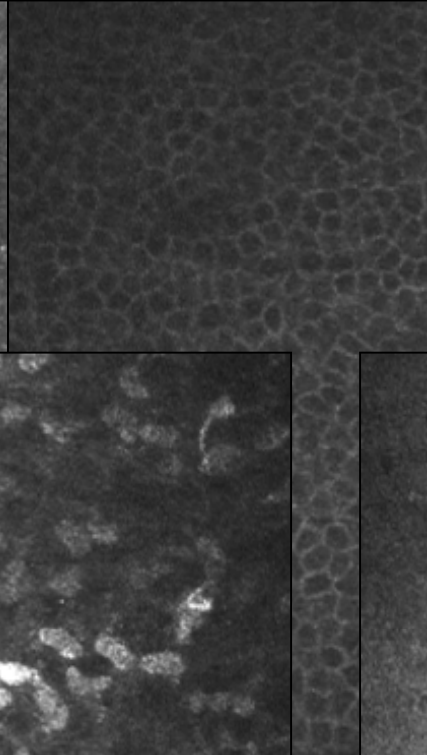
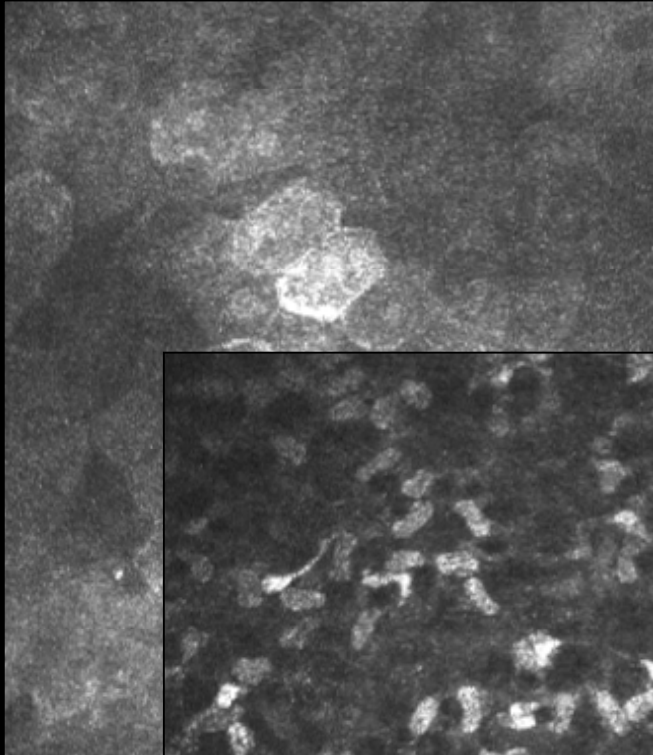
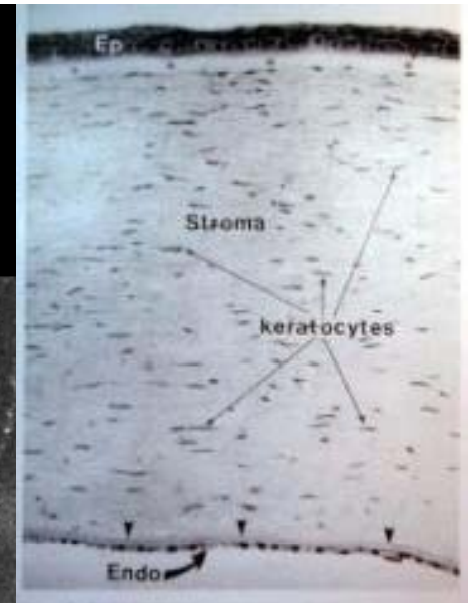
3 J à 3 SEM

HRT II module cornée

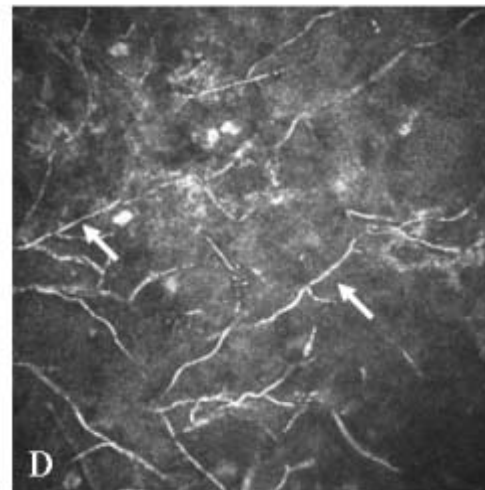
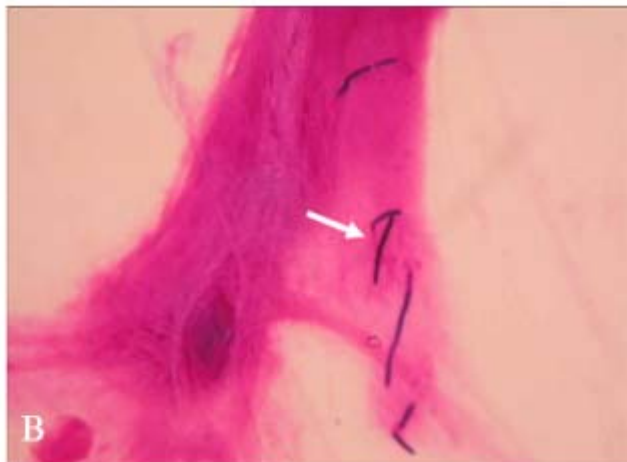
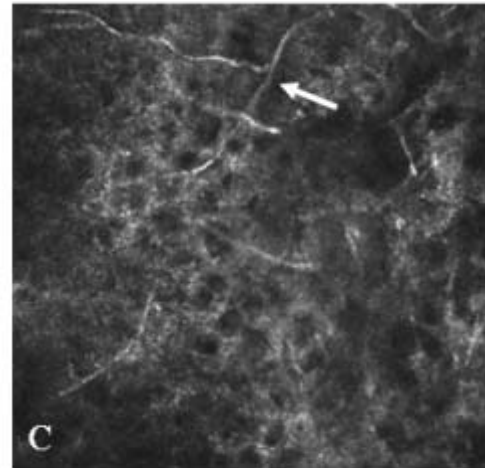
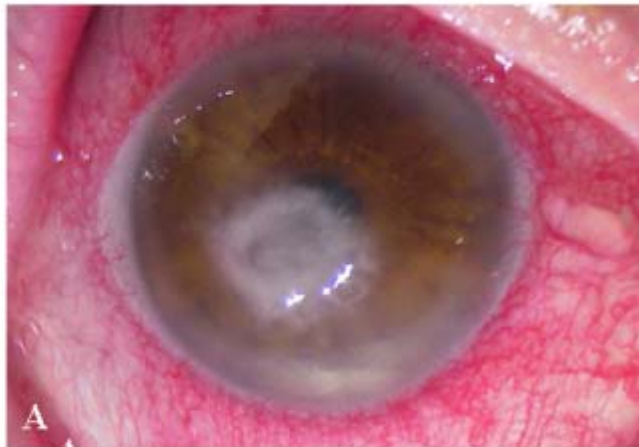
- *Heidelberg Retina Tomograph II*
- Macula, papille
- 2004
 - Module cornéen
 - HRT $\Rightarrow$ confocal
 - Dynamique
 - Coupes coronales



CORNÉE NORMALE



HRT II module cornée



Antifongiques

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

Amphotéricine B

- Spectre large
 - **Levures** : **Candida**, sauf *C. lusitaniae*, *glabrata*, *guilliermondii* , **cryptocoques**
 - **Filamenteux** : **Aspergillus**, *Penicillium marneffe*i, la plupart des mucorales, **certaines 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

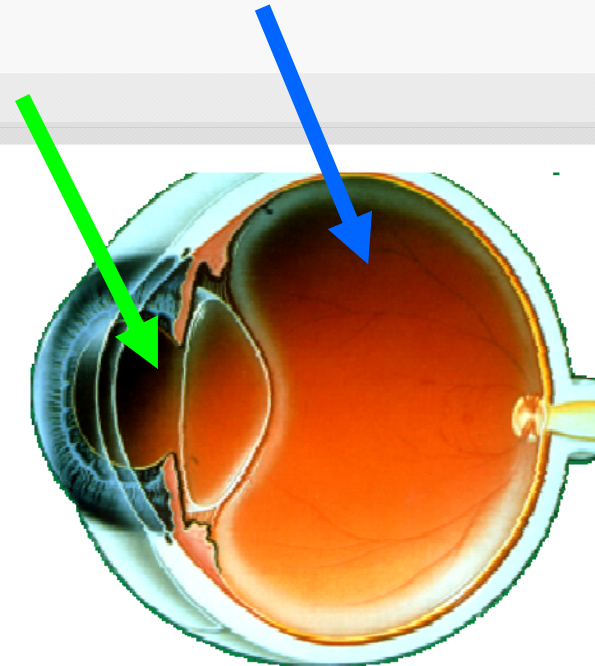
Amphotéricine B

■ 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
Azols	Imidazols	Miconazole Kétoconazole
	Triazols	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

CANDIDA

FUSARIUM

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

Fungizone

Natamycine

Triflucan

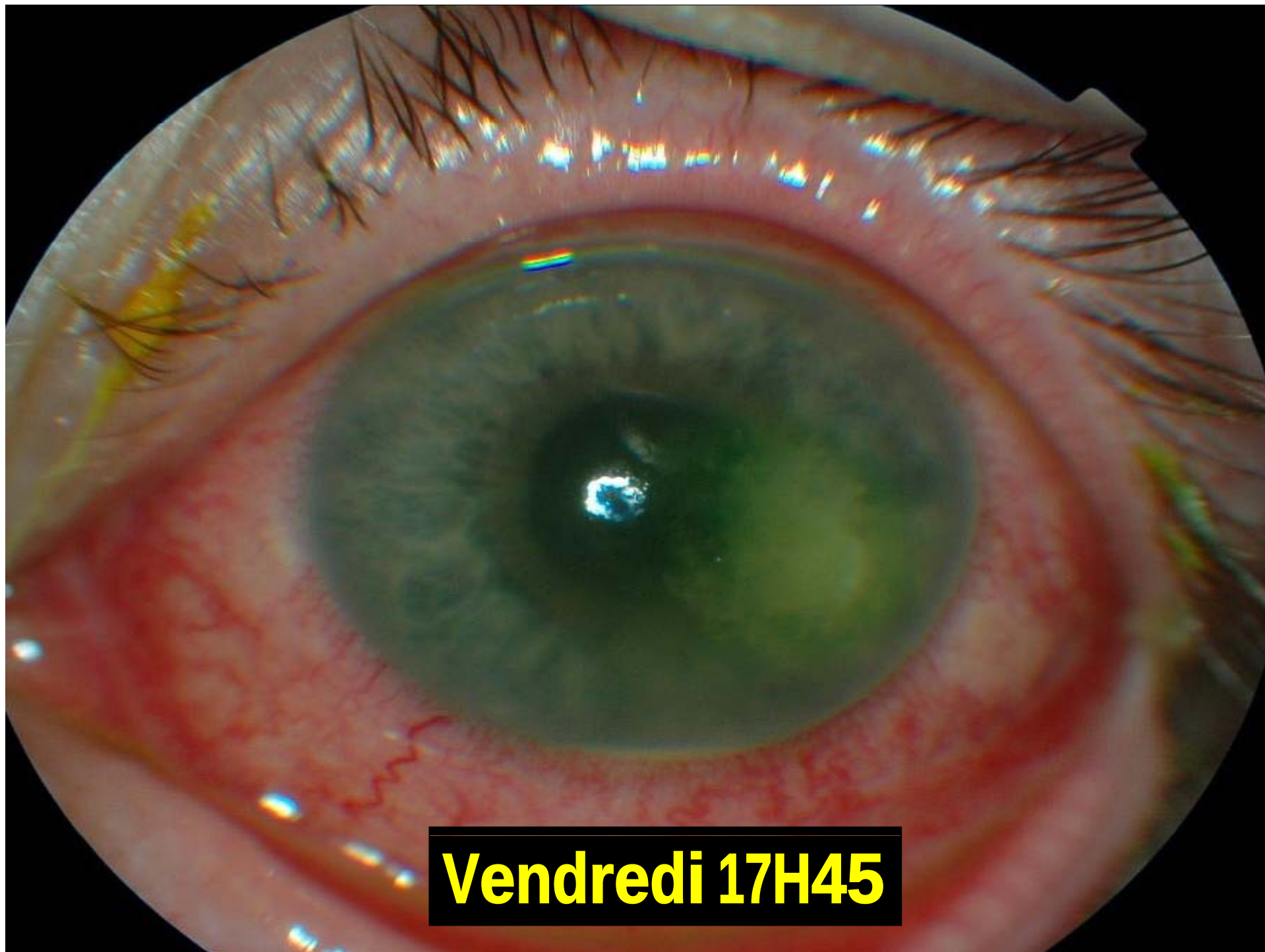
Sporanox

Vfend

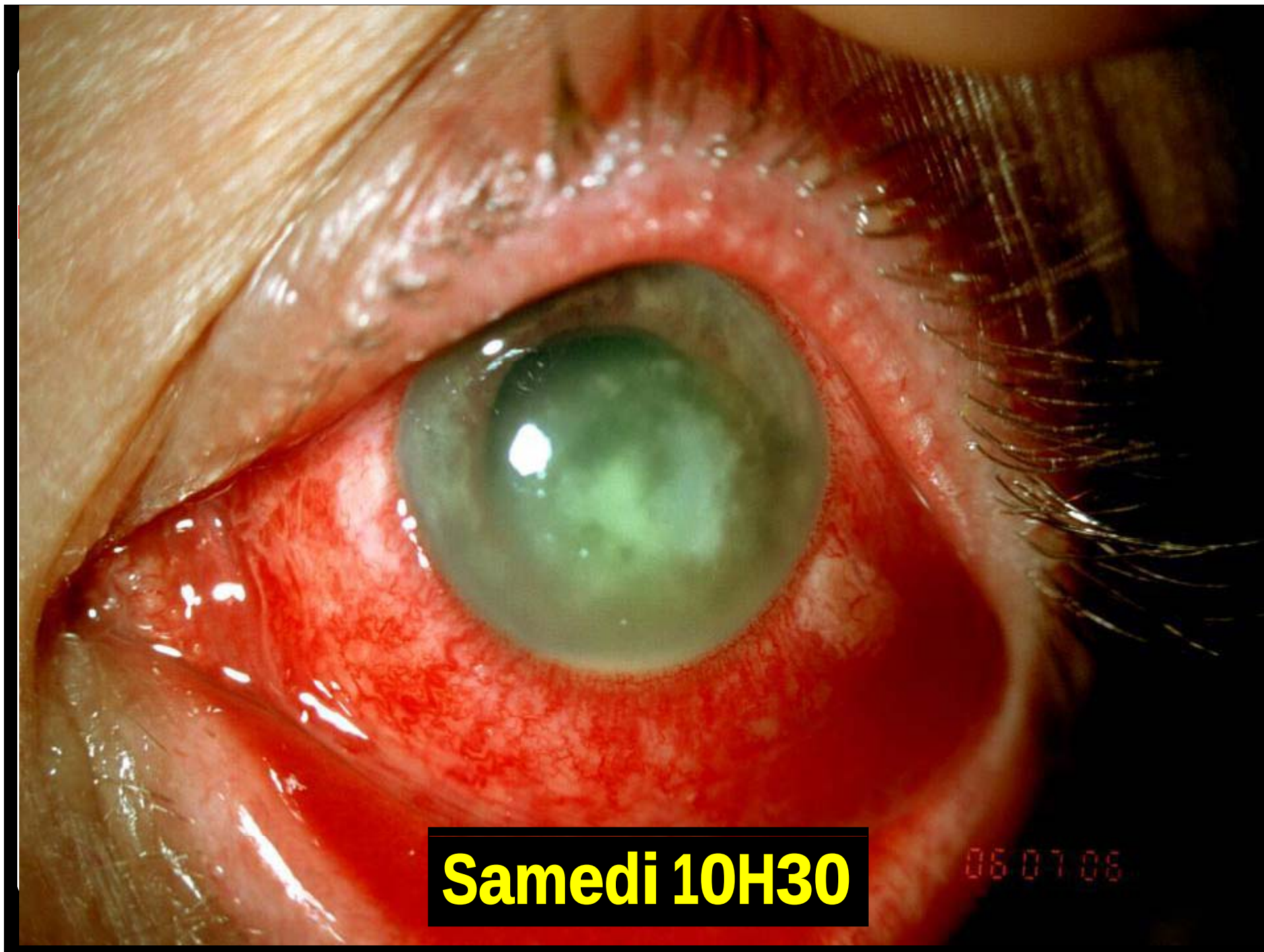
Cansidas

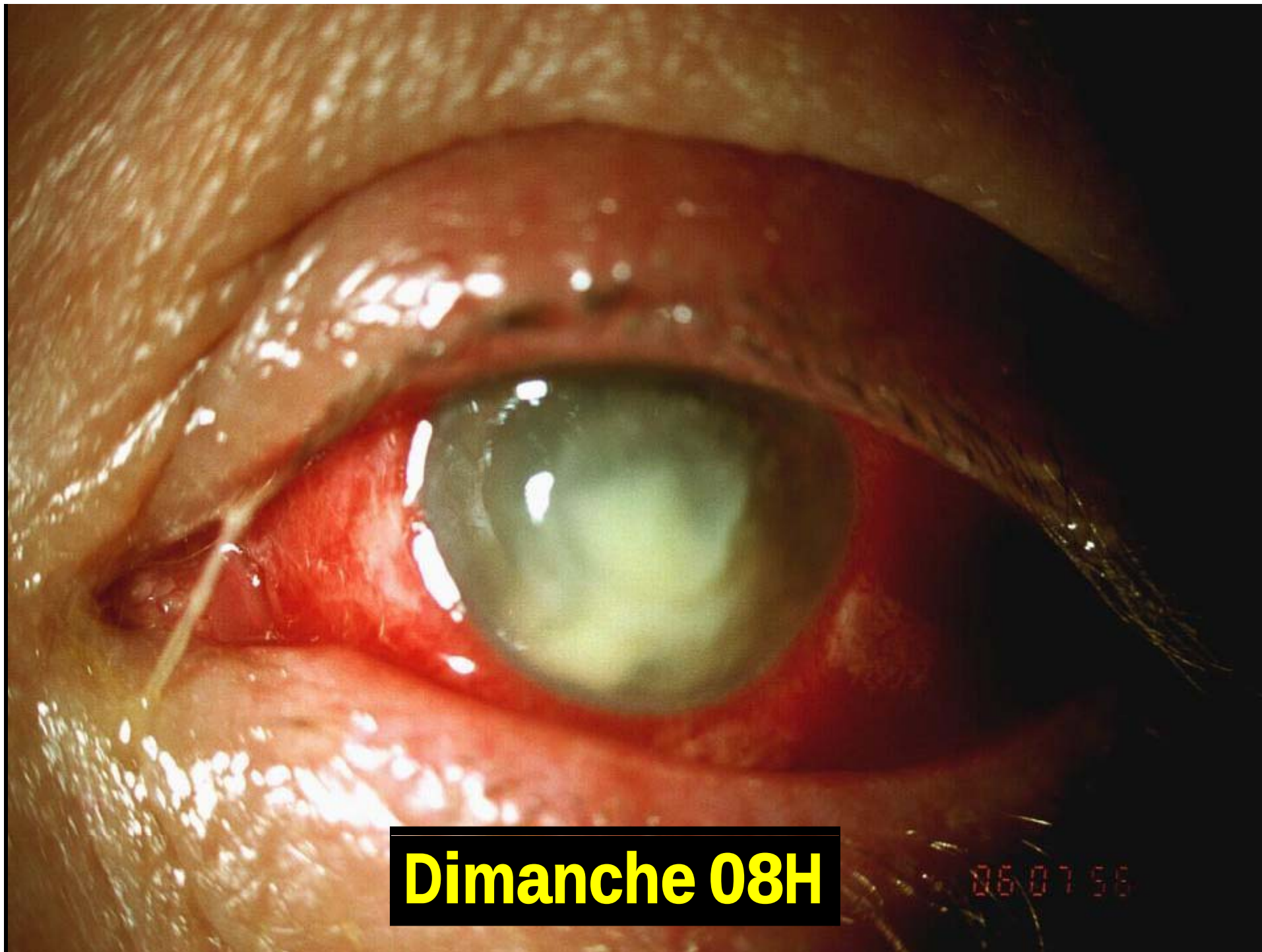
ASPERGILLUS

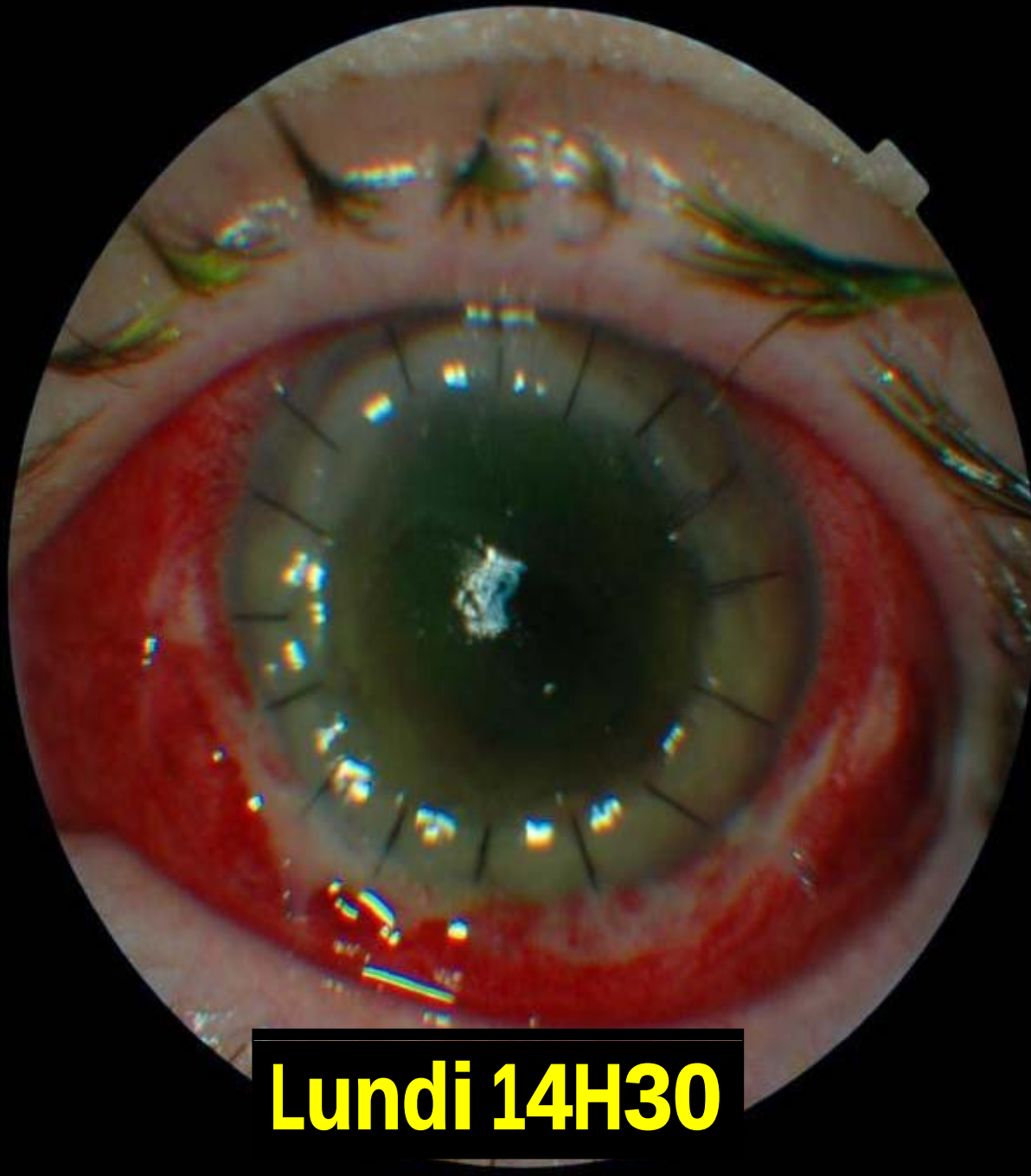




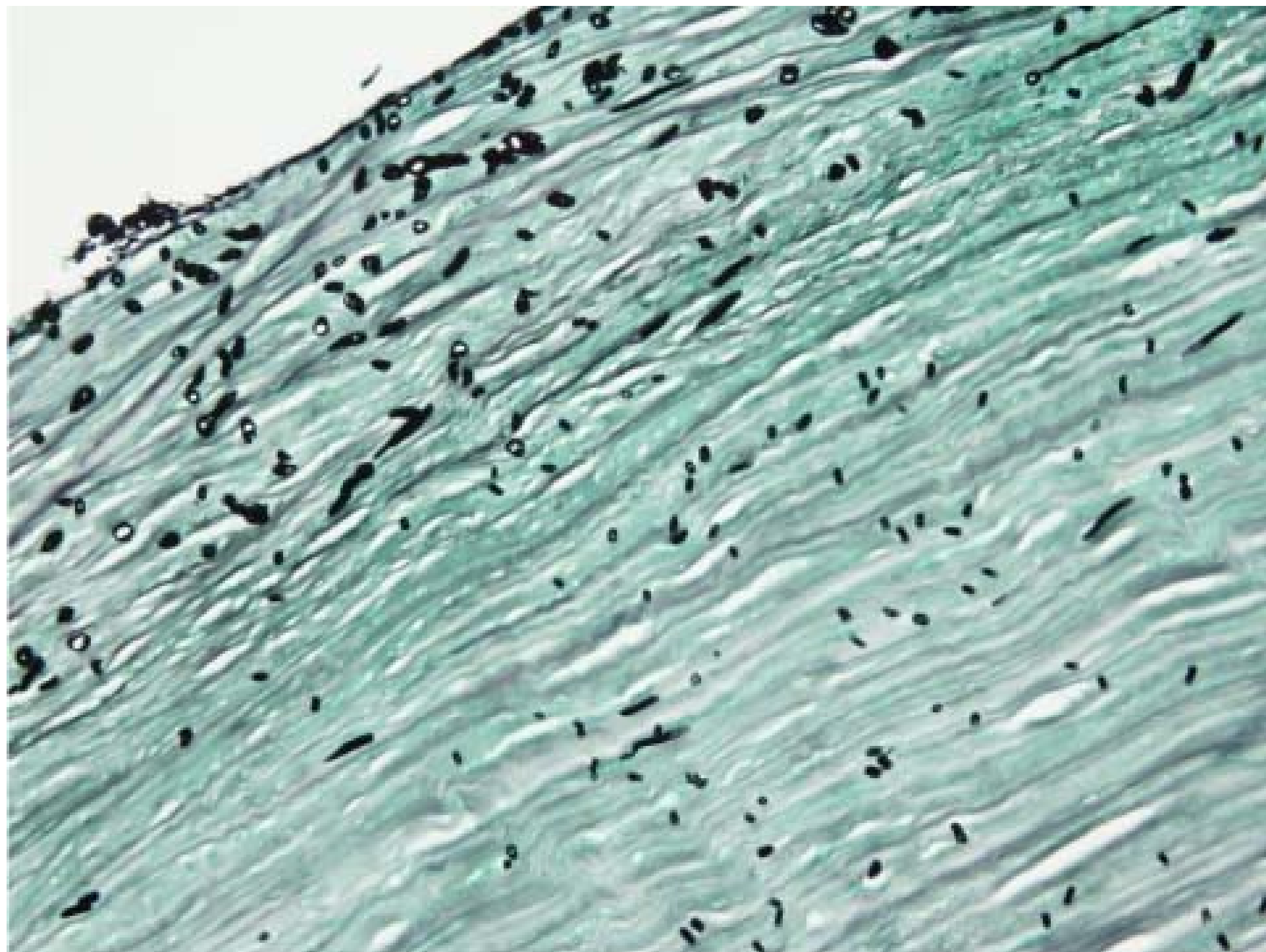
Vendredi 17H45







Lundi 14H30

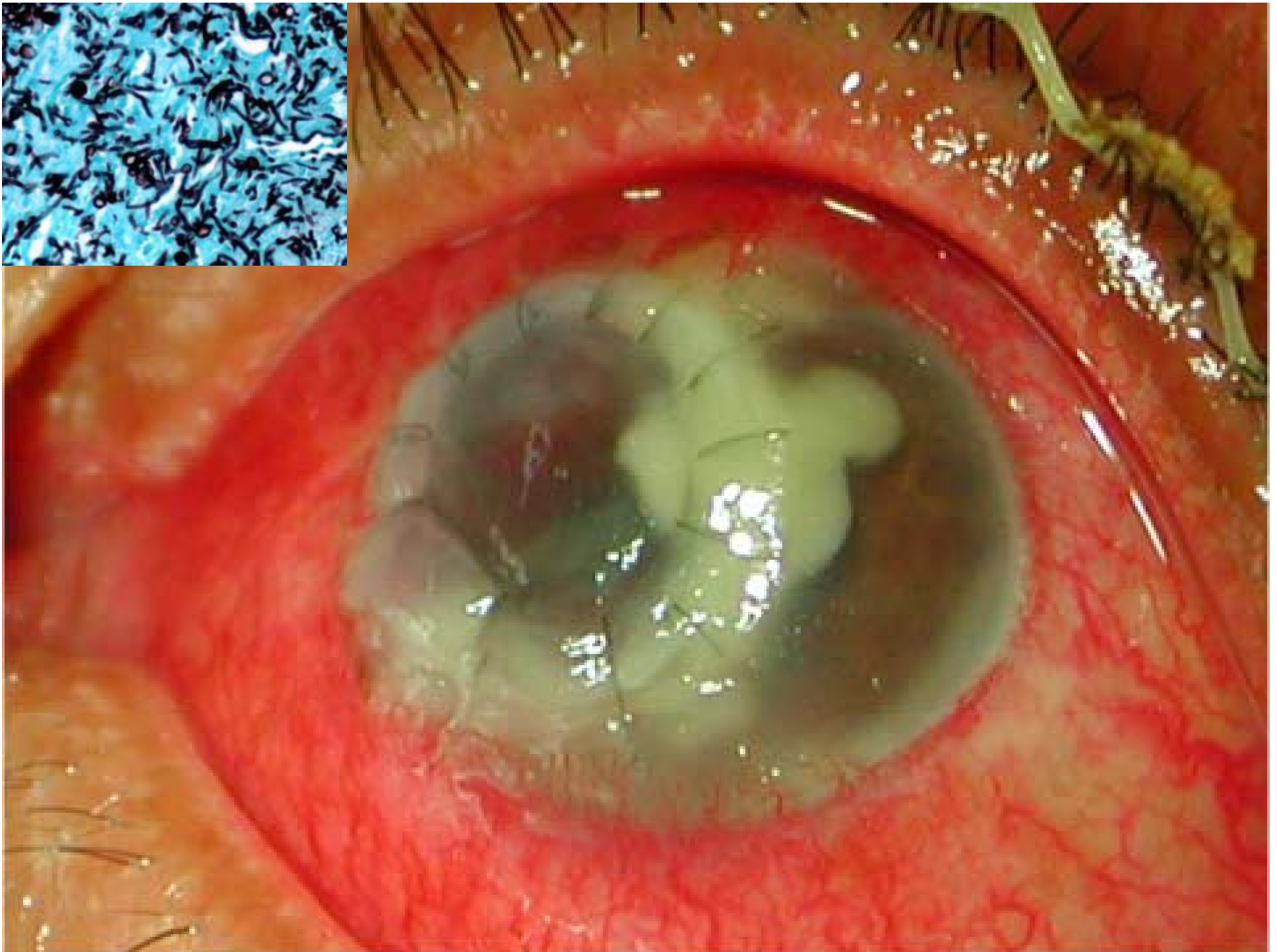
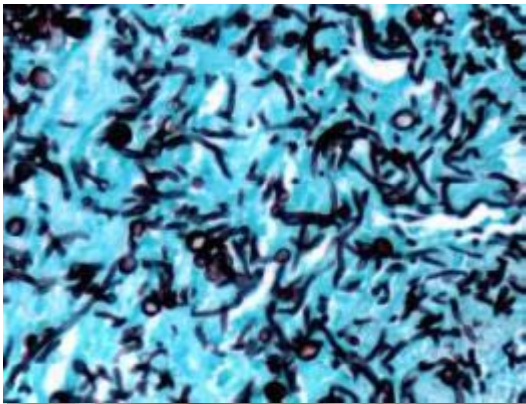


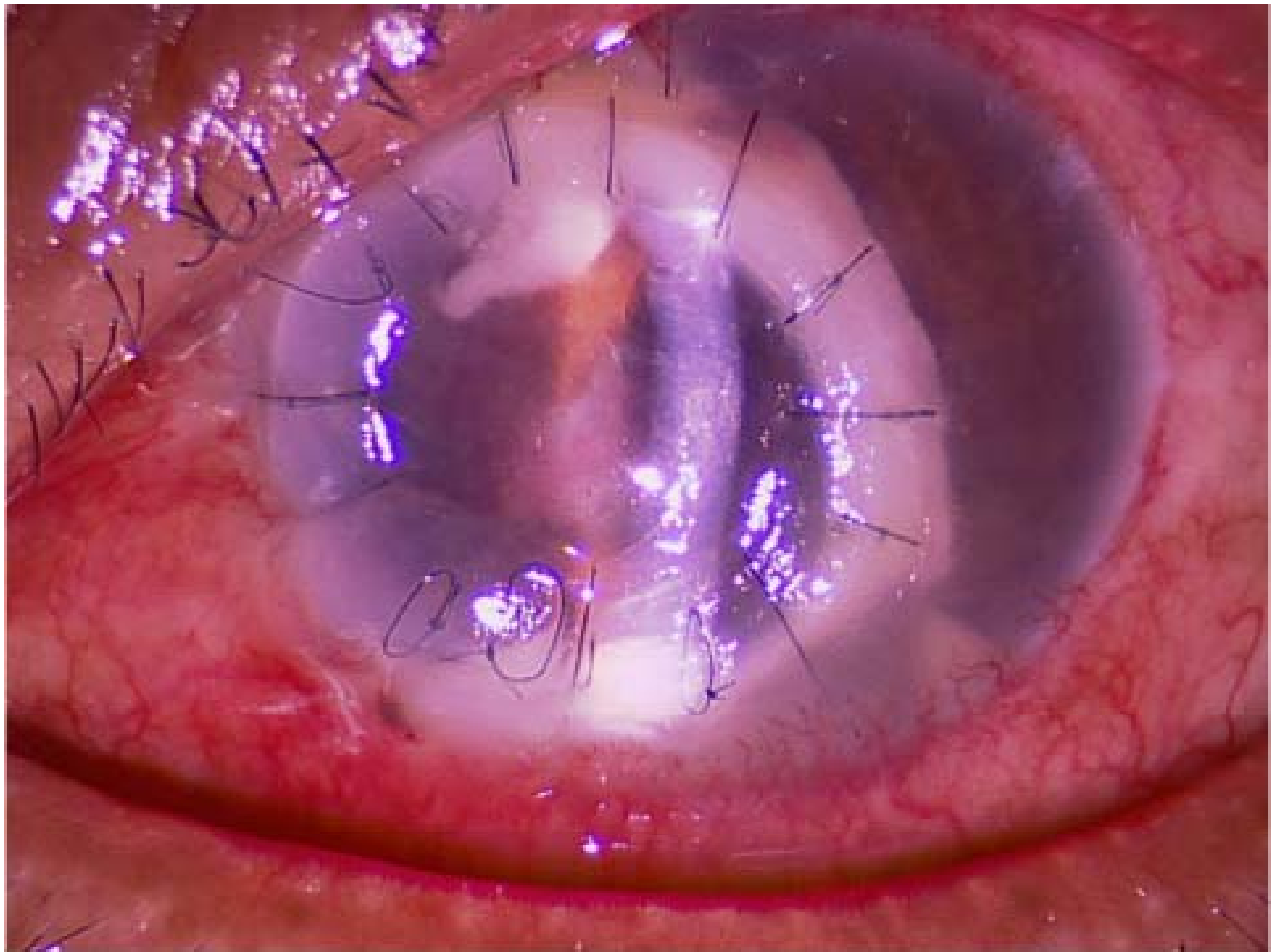
MIOS

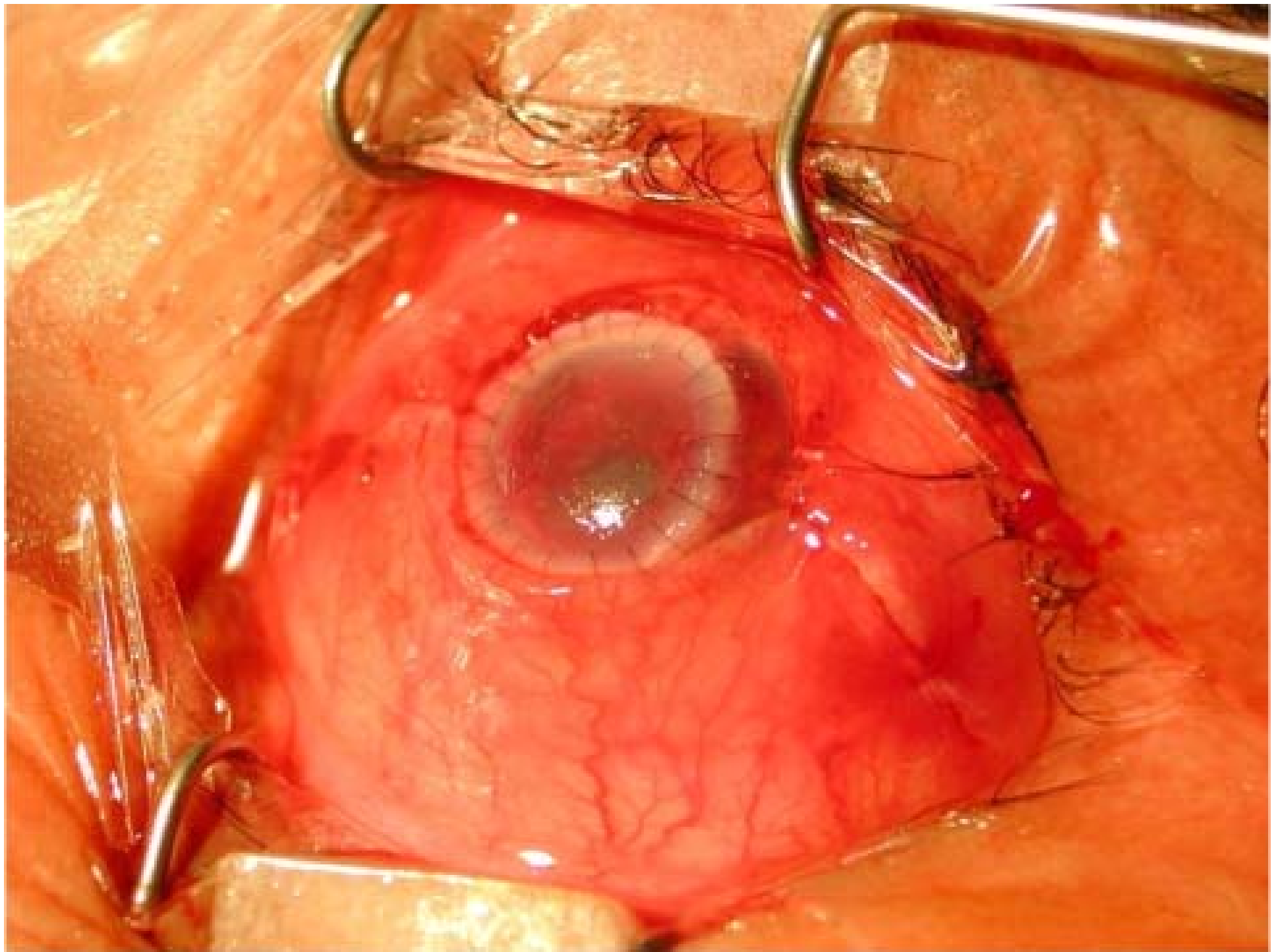


04/17/2007 13:30:33

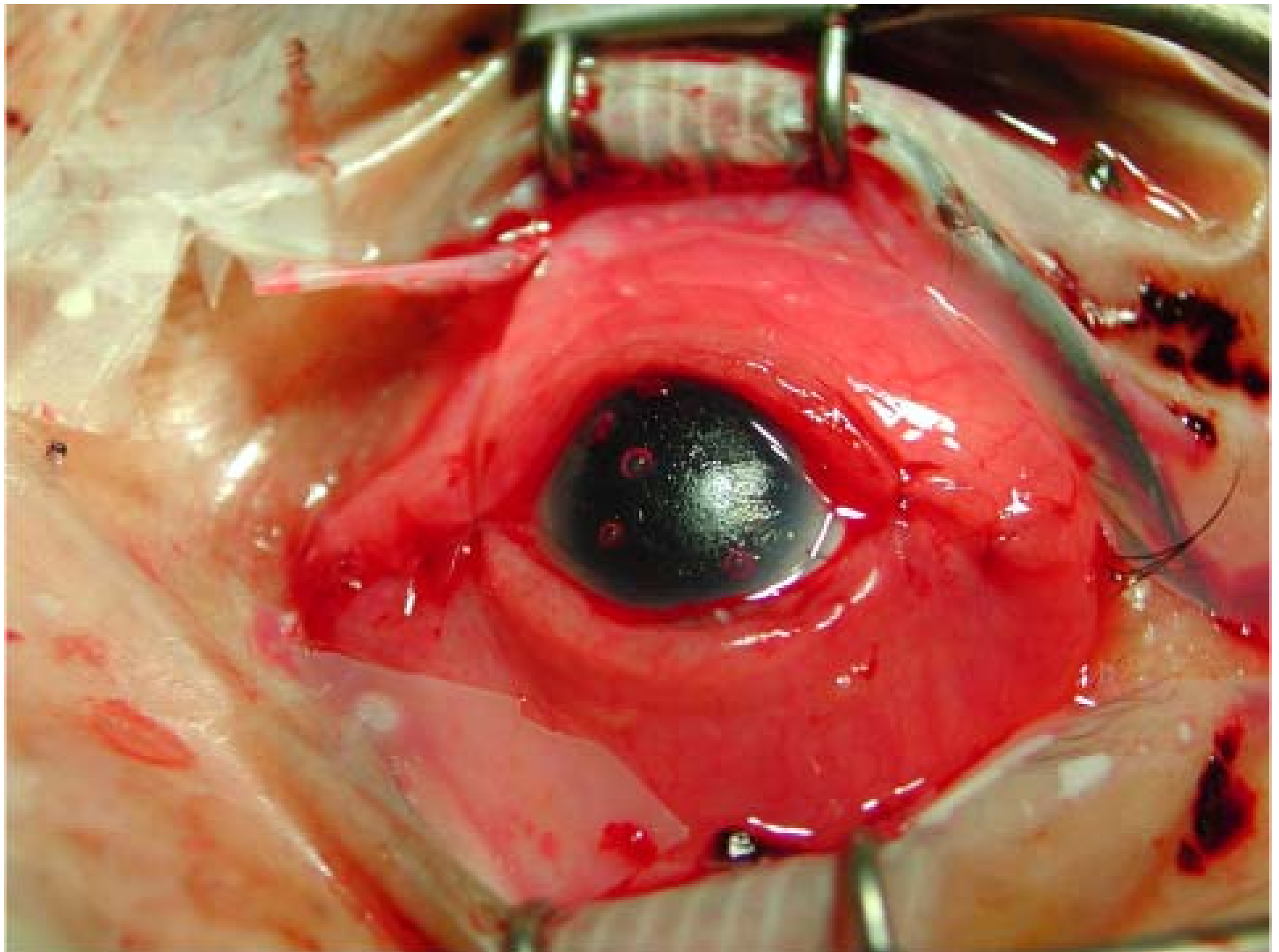


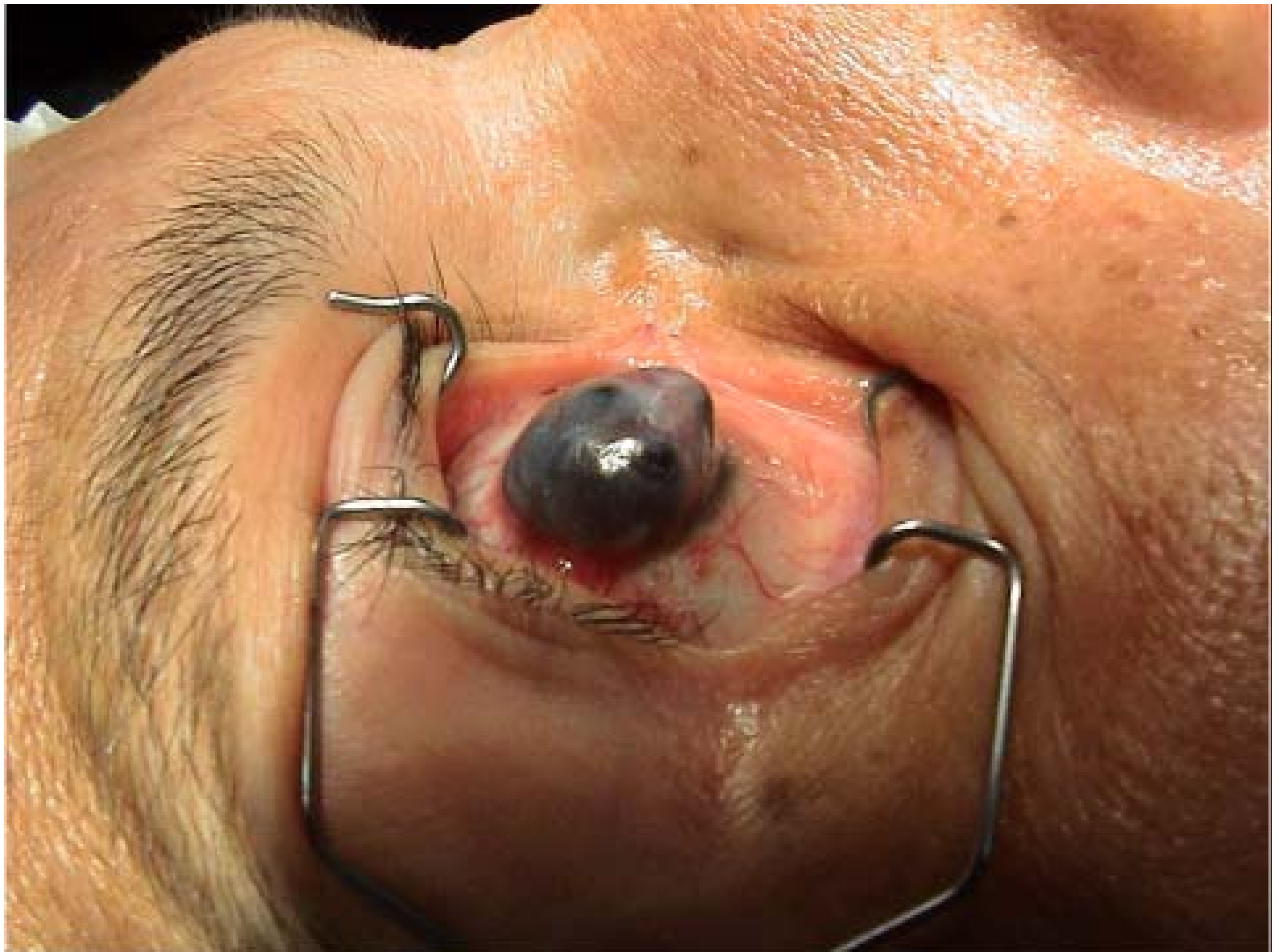




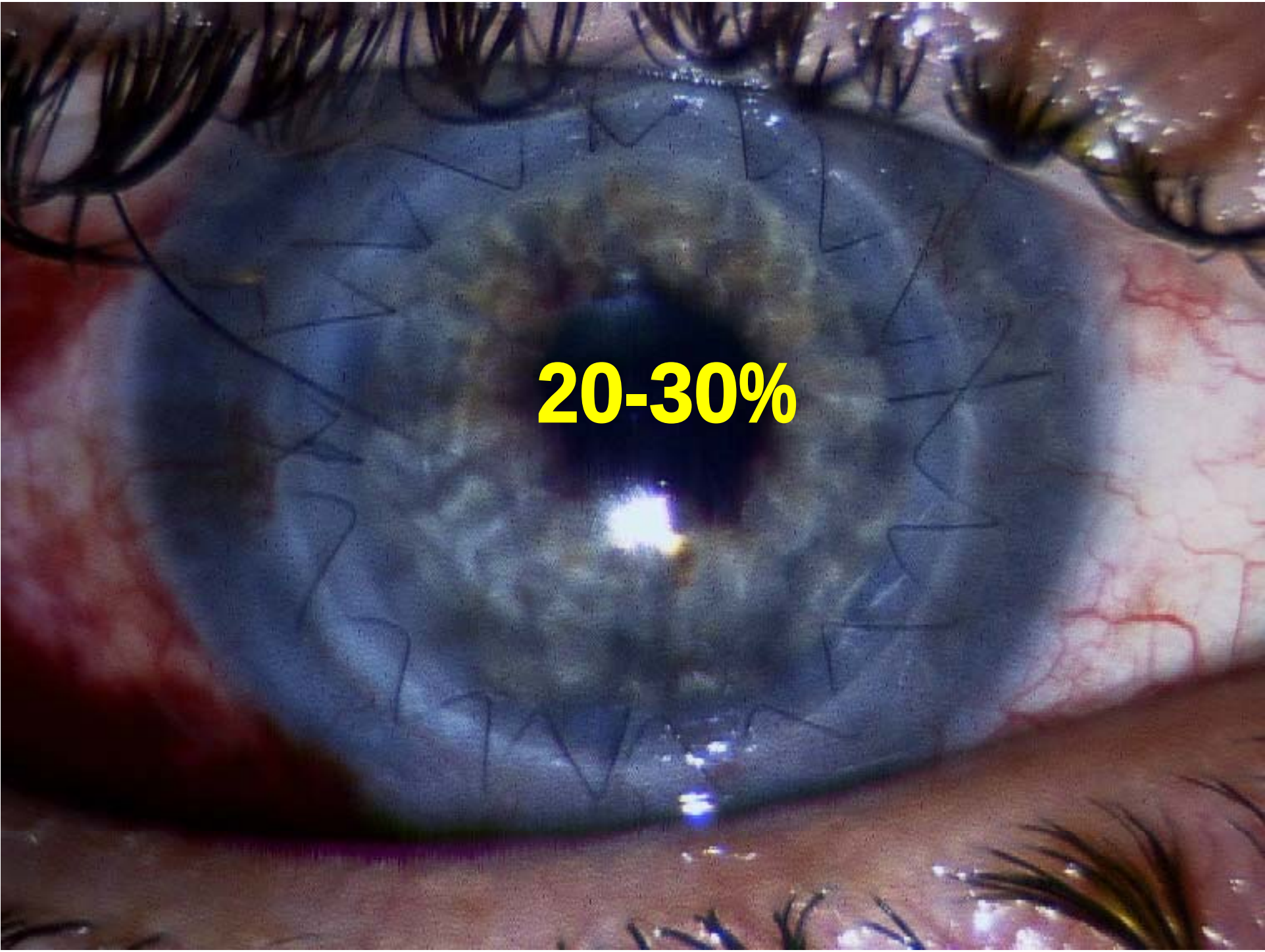






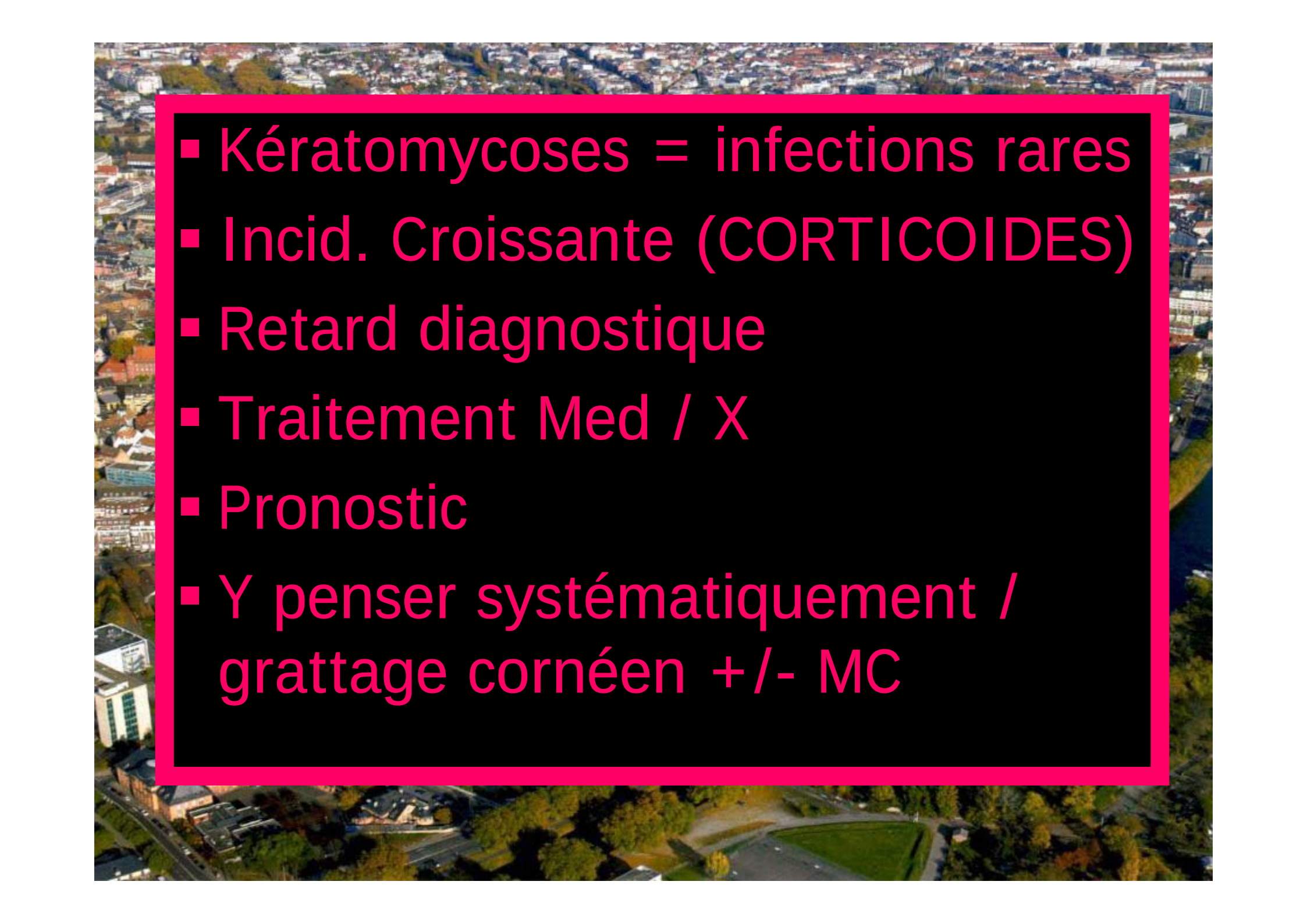


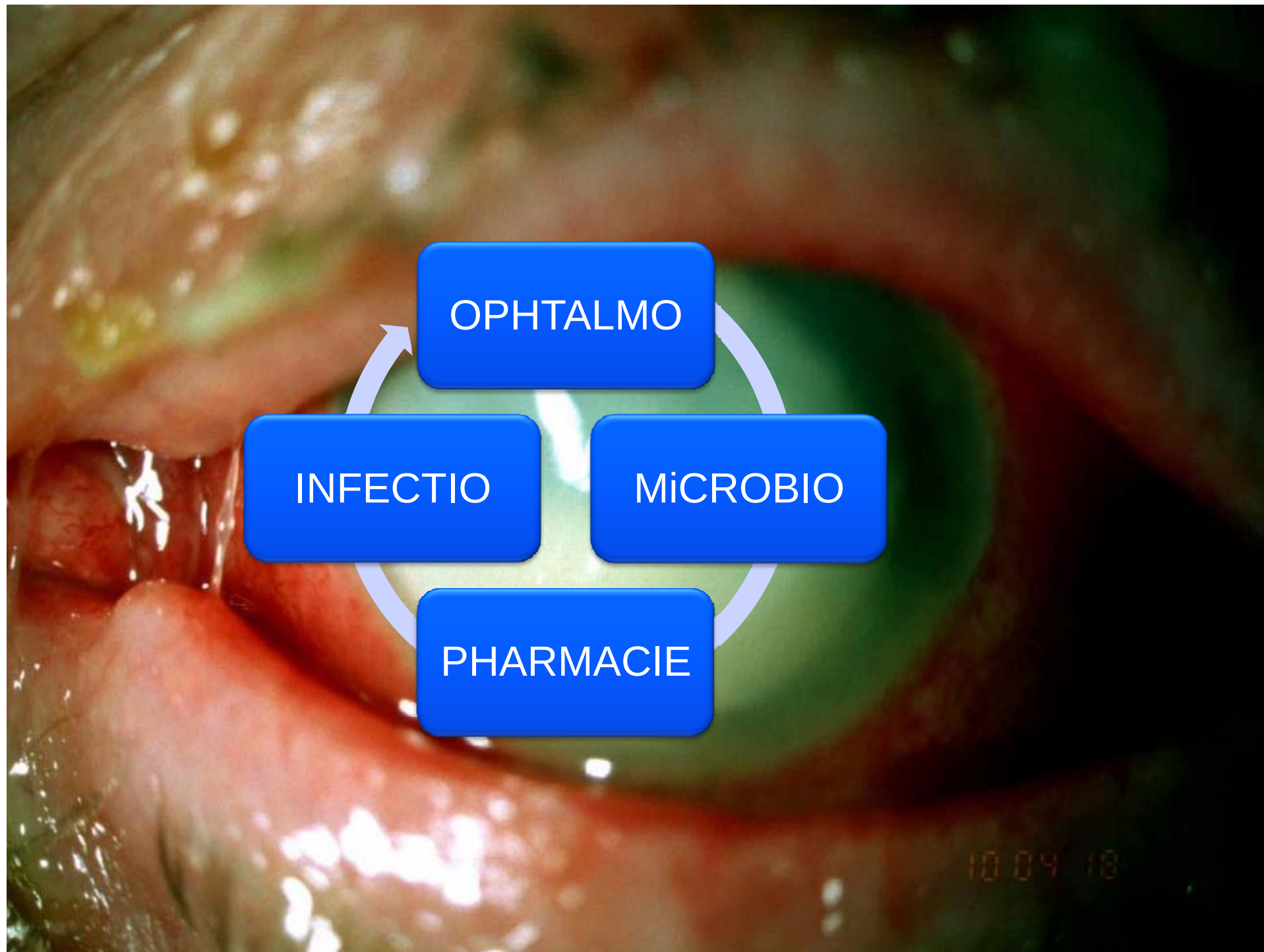


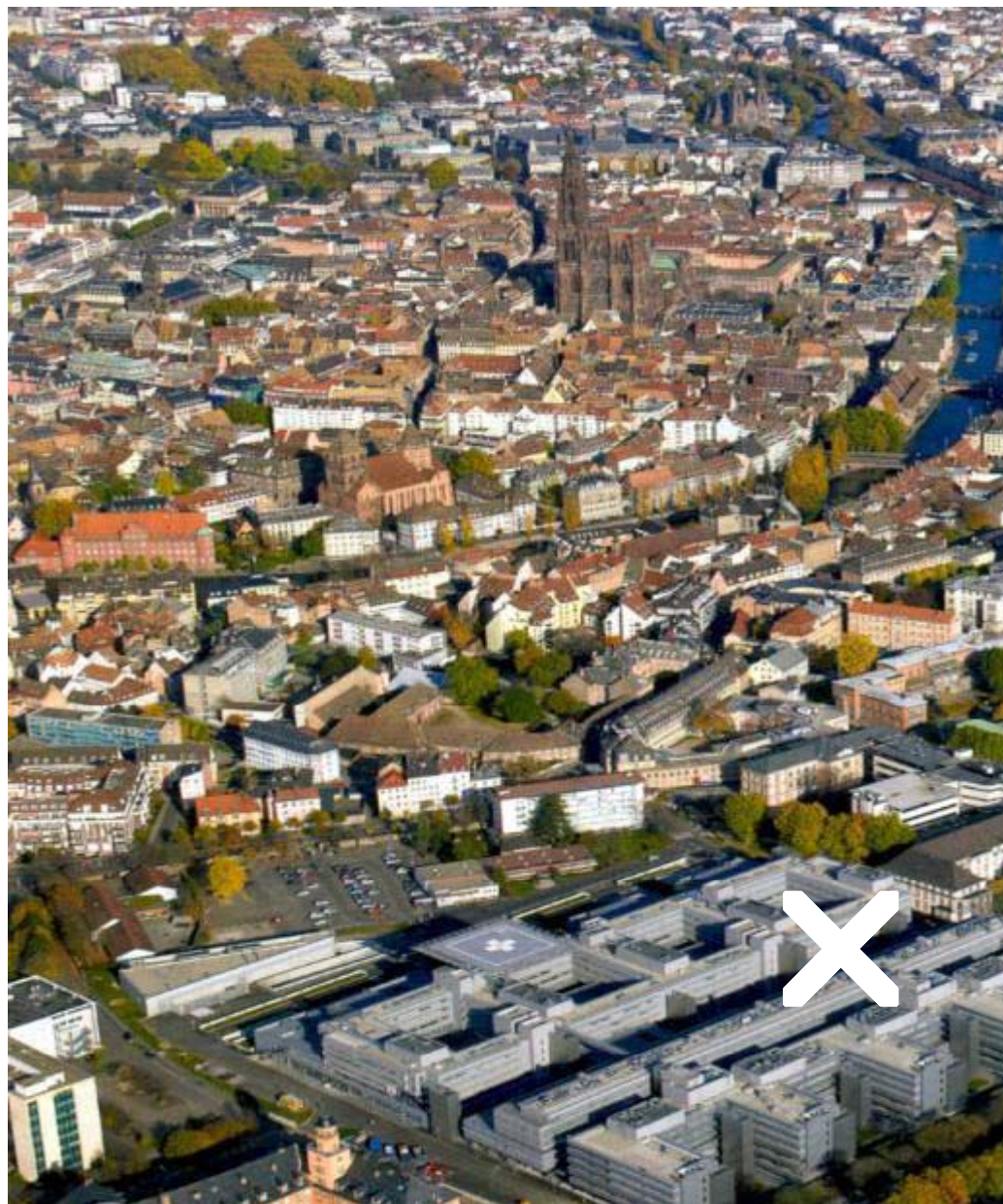


20-30%

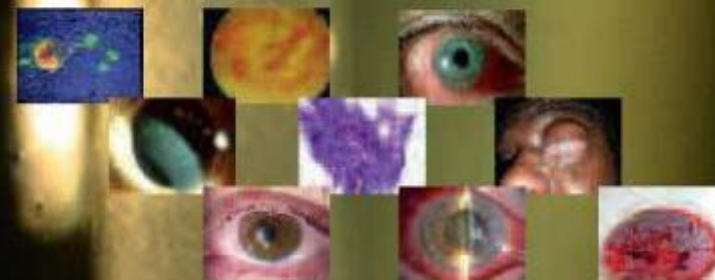
A close-up photograph of a human eye. The iris is a light, mottled blue-grey color. In the center of the pupil, there is a dark, irregularly shaped lesion. A bright, white light reflection is visible on the surface of the lesion. The surrounding sclera is pinkish-red, and the eyelashes are dark and visible at the top and bottom edges of the frame.

- 
- An aerial photograph of a city, likely Paris, showing a dense urban area with many buildings and a large green park area in the foreground. A large black rectangle with a red border is overlaid on the image, containing a list of bullet points in red text.
- Kératomycoses = infections rares
 - Incid. Croissante (CORTICOIDES)
 - Retard diagnostique
 - Traitement Med / X
 - Pronostic
 - Y penser systématiquement /
grattage cornéen +/- MC





Les infections oculaires



**Tristan Bourcier
Bahram Bodaghi, Alain Bron**

Et
**Christophe Chiquet, Moncef Khairallah, Laurent Kodjikian,
Marc Labetoulle, Pierre-Yves Robert, Arnaud Sauer**

Avec la participation de

Florentin AERY, Jean-Paul ADERIS, Cédric AKEN, Alexandre ALANZO, Martina AME
Emmanuel BABIN, Stéphane BAILLIF, Laurent BALLEZOL, Elena BASLI
Laurent BATELLIER, Christophe BARDQUIN, Vincent BORDIERE, Enwar BORSALI
Emmanuelle BRASNU, Emmanuelle CARGOLLE, Nathalie CASSOUX, Vincent CATTOIR
Marc-Antoine CHATEL, Christine CHAUMEIL, Isabelle COCHREAU, Joseph COLIN
Catherine CREJODT-MARCHER, Ivan DE MONCHY, Bernard DELBOSC, Juliette DELMAS
Serge DOAK, Anne GORY, Ghislaine DUCOS DE LAMETIE, Bénédicte DUPAS
Christine FARDEAU, Eric GABISON, Salma GARGOURI, Thomas GAUDOUX
Pablo GOLDSCHMIDT, Philippe GREMAUD, Julia GUEUDRY, Wafa HASNAOUI, Benoit JAUHAC
François JERN, Nadir JELLITI, Kim KARLOUN, Godefroy KASWIN, Pierre LABALETTE
Antoine LASSE, Fabrice LANTIERIER, Laurent LARDICHE, Laurent LE, Nicolas LECUEN
Claire LEHAUTRE, Phuc LE HOANG, Olivier LORTHOYARY, Florence MALET
Caroline MARGAL, Max MAUREN, Hanyu MEHLE, Olivier MEUNIER, Mirna MOLDOVAN
Frédéric MOURIAUX, Marc MURASINI, Ann-Mich NGUYEN, Thuan NGUYEN
Pierre PEGOURIE, Nicolas POGORZALEK, Gilles PREVOST, Marie B. RENAUD-ROUGIER
Jean Paul ROMANET, Antoine ROUSSEAU, Flore ROZENBERG, Pierre-Yves ROUDAUD
Boris RYSANER, Dominique SATGER, Ralph SALEM, Dikman SANDALL, Frédéric SCHRAHM
Maxime SODERER, Claude SPÉO-SCHATZ, Margareta STRAUB, Gilles THURET
Valérie TOUTOU, Chloé TURPIN, Odile VILLARD, Michel WEBER

Prof. **RAPPORT ANNUEL DES SOCIÉTÉS D'OPHTALMOLOGIE DE FRANCE**

RAPPORT ANNUEL - NOVEMBRE 2010
ISSN 0752-9524/10-7-6

**OPHTALMOLOGIE, NOUVEL HOPITAL CIVIL,
tristan.bourcier @chru-strasbourg.fr**