"String-of-Pearls"

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A 41-year-old intravenous drug user (IVDU) was admitted with candidal endophthalmitis 6 weeks after a hospitalization for pneumonia. After discharge from his previous hospitalization which were blood cultures grew *Candida albicans*, attributed to contamination by a covering physician. The patient described "looking through spider webs." Fundoscopic examination revealed fluffy, white "string-of-pearls" opacities with retinal obscuration (Fig. 1). There were no findings of endocarditis (negative echocardiogram) or congestive heart failure. Blood and vitreal cultures grew *Candida albicans*. The patient underwent a pars plana vitrectomy, and was prescribed chronic fluconazole. He was lost to follow-up.

Candida albicans is the most common organism identified in endogenous endophthalmitis.[1] Predisposing factors include IVDU, indwelling catheters, endocarditis, recent surgeries, immunosuppression, broad-spectrum antibiotics, and parental nutrition.[1] The diagnosis is based on retinal findings of white pinpoint opacities (string-of-pearls, Fig. 2), with vitreous involvement and positive cultures. Endocarditis occurs in 15%–17% of patients with endophthalmitis.[2] This case highlights the importance of physician recognition of the significant attributable morbidity and mortality of candidemia.[3,4]

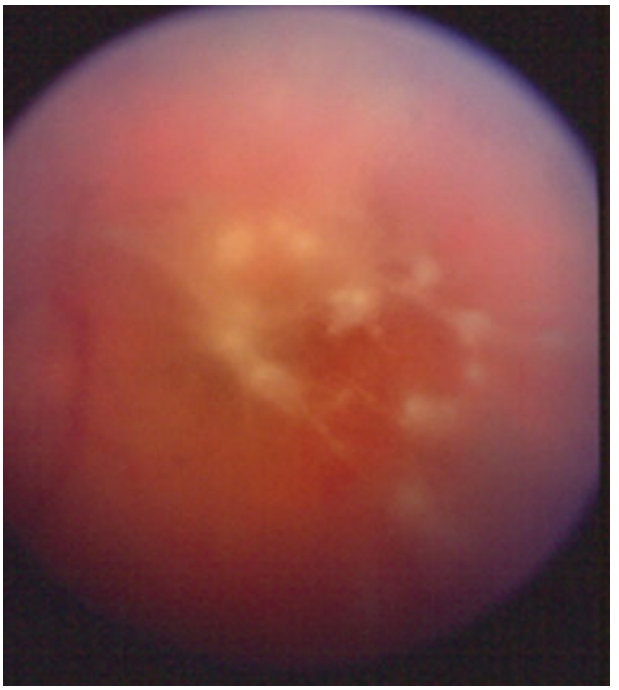

FIGURE 1. Patient's retinal examination revealing vitreal fluffy white "string-of-pearls" opacities.

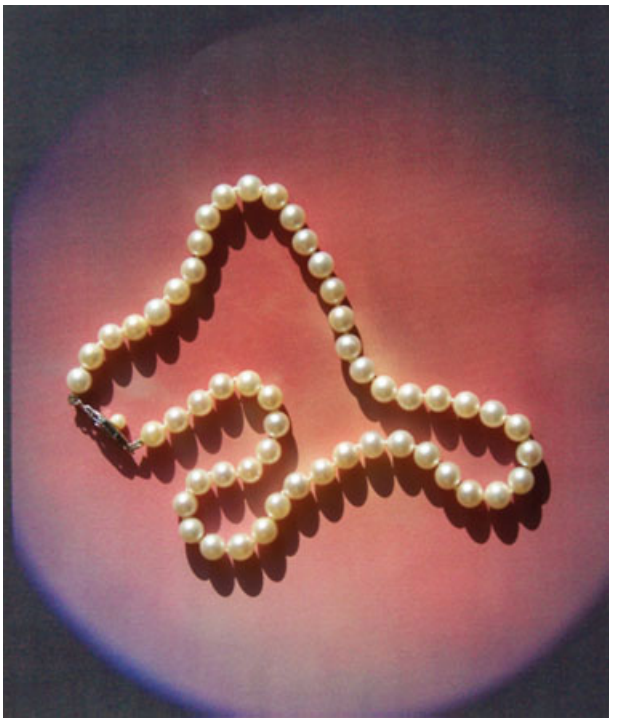

FIGURE 2. The proverbial . . . "string-of-pearls."

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