

## OPHTHALMIC INFECTIONS GUIDELINES FOR THE MANAGEMENT OF ACANTHAMOEBA KERATITIS

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| <b>Approving body</b>             | BMEC Directorate Governance Group<br>Drugs and Therapeutic Committee |
| <b>Policy reference</b>           | SWBH/BMEC/Ophth/07   |

### **Overall purpose of the guideline**

To provide guidelines for the management of Acanthamoeba Keratitis

### **Principle target audience**

All patients.

### **Application**

The guideline applies to all patients presenting with ophthalmic infection of acanthamoeba keratitis.

### **Scope**

The guideline applies to all patients

### **National Guidance incorporated**

n/a

**DOCUMENT CONTROL AND HISTORY**

| <b>Version No</b> | <b>Date Approved</b> | <b>Date of implementation</b> | <b>Next Review Date</b> | <b>Reason for change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, etc.)</b> |
|-------------------|----------------------|-------------------------------|-------------------------|---|
| 1                 | March 2012           | March 2012                    | March 2014              | Minor changes   |
| 2                 | July 2013            | July 2013                     | December 2016           |   |
| 3                 | May 2017             | May 2017                      | May 2019                | Routine review  |

Acanthamoeba keratitis occurs predominantly in patients who are contact lens wearers.

## 1. Clinical Features

It usually presents with a unilateral red eye. Pain is a common feature, which may be disproportionate to the clinical signs. Features typical of acanthamoeba keratitis are epithelial pseudodendrites, subepithelial or elevated infiltrates, as well as a 'classic ring' pattern of stromal infiltration, which is seen as the keratitis progresses. Radial linear infiltrates indicate nerve involvement and are also typical of the condition.

## 2. Diagnosis

- Early diagnosis requires a high index of suspicion. Acanthamoeba keratitis must be suspected in contact lens wearers with dendritic keratitis or atypical keratitis.
- Send corneal scrapes, contact lenses, lens solutions and lens cases for staining and culture.
- The corneal scrapes (including epithelium) should be sent to microbiology on all plates including Acanthamoeba agar plate (*Escherichia coli* enriched non-nutrient agar) (plates available in corneal scrape kit). These are not urgent specimens and should only be done during the working day.
- In addition consider sending corneal epithelial specimen for polymerase chain reaction (PCR).

**Before treatment all cases of acanthamoeba keratitis should be referred to one of the anterior segment consultants.**

Products available for the treatment of acanthamoeba keratitis are:

- G.chlorhexidine 0.02%
- G. propamide isetionate 0.1%
- G. polyhexamethylene biguanide 0.02%