not emphasized in previously reported cases: (1) early diagnosis; (2) successful combination of topical, oral, and intraocular therapy with drugs that can reach therapeutic levels in aqueous and vitreous and are effective in vivo for other Acanthamoeba infections; and (3) guiding treatment by effective monitoring of the response by Acanthamoeba.

We think oral and topical administration of voriconazole must have achieved a sustained therapeutic dose and frequent administration of intraocular voriconazole produced high peak levels, increasing effectiveness. Topical chlorhexidine was used before the PK but the keratitis worsened, raising the question of its effectiveness in our patient. It is unknown whether topical chlorhexidine can reach aqueous therapeutic levels; however, rabbit studies have shown that frequent instillation of chlorhexidine, 0.02%, in epithelialized corneas produces concentrations 10 to 40 times lower than voriconazole but, in our experience, a similar 90% inhibitory concentration. Moreover, in the other described cases, topical antiseptics such as chlorhexidine used after PK did not prevent endophthalmitis. Therefore, we believe chlorhexidine did not play a major role in our case. The susceptibility of Acanthamoeba to trimethoprim/sulfamethoxazole, also used in our patient, is based on a few reports; we have not tested the susceptibility of the patient’s strain and cannot be sure of its real contribution.

Figure 2. Evolution of total and viable Acanthamoeba concentrations in an aliquot of anterior chamber during follow-up until resolution.

Topical Linezolid for Refractory Bilateral Mycobacterium chelonae Post–Laser-Assisted In Situ Keratomileusis Keratitis

Keratitis after laser-assisted in situ keratomileusis (LASIK) caused by Mycobacterium has been widely reported. Different regimens of antibiotic treatments have been published, but fourth-generation fluoroquinolones are the most effective drugs. However, management may be difficult owing to the delay in diagnosis, the long-term antibiotic treatment required in most cases, and the presence of multidrug-resistant pathogens. Systemic infection by multidrug-resistant Mycobacterium has been successfully treated with linezolid (Zyvoxid), an oxazolidinone antibiotic.

We report a case of bilateral post-LASIK keratitis due to Mycobacterium chelonae resistant to fourth-
inflammation, therefore delaying the diagnosis. Several cases of mycobacterial keratitis following LASIK have been reported in the literature. The most frequently involved pathogen is *M. chelonae* (66%). To our knowledge, only 3 cases of bilateral keratitis due to *M. chelonae* have been published, and all cases responded to classic treatment with fourth-generation fluoroquinolones amikacin and vancomycin.4

To our knowledge, this is the first case of multidrug-resistant bilateral *M. chelonae* keratitis after LASIK that was successfully treated with topical linezolid. This drug may be an effective alternative in treating post-LASIK keratitis, which is a dreaded complication with difficult diagnosis and management.

**Report of a Case.** A 33-year-old man had mild photophobia and redness in his right eye with blurred vision 1 month after an uneventful bilateral LASIK procedure using the same blade for both eyes. Slitlamp examination revealed mild ciliary injection and a white corneal infiltrate in the interface.2 Herein, epithelial ingrowth, on the other hand, is rare following anterior lamellar keratoplasty and usually occurs as a sheet of cells across the interface.2 Herein, we report the first case, to our knowledge, of a cystic pattern of epithelial downgrowth in a case of DALK and its subsequent management.

**Cystic Epithelial Ingrowth in a Case of Deep Anterior Lamellar Keratoplasty**

In deep anterior lamellar keratoplasty (DALK), complications related to baring of the Descemet membrane such as incomplete exposure or perforations are well known.1 Epithelial ingrowth, on the other hand, is rare following anterior lamellar keratoplasty and usually occurs as a sheet of cells across the interface.2 Herein, we report the first case, to our knowledge, of a cystic pattern of epithelial downgrowth in a case of DALK and its subsequent management.

**Report of a Case.** A 29-year-old man had a translucent, cystic growth in the anterior chamber (approximately 6 × 8 mm) of the right eye extending from the...