Chronic Canaliculitis Caused by *Fusobacterium Plaut-Vincenti* and *Borrelia Vincentii*

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A few years ago a twenty-year-old female patient requested me to treat her chronic "fungus" infection in her left eye. It seemed impossible to misapprehend the diagnosis.

The general clinical picture was characteristic of it: the region of the left upper canaliculus was swollen, painful and pin-coloured; there was slight conjunctivitis, most pronounced around the inner canthus. The punctum itself was broadened, a bit prominent and with pouting open lips. She complained about tear-flow, annoying itching and stringy secretion. This had been going on for about four years. Slight pressure over the affected area extruded a creamy discharge from the orifice with the typical concretions. She said she had been twice treated elsewhere—apparently *lege artis*—the canaliculus had been slit up, curetted and painted with iodine, but unsuccessfully. This is very uncommon for, as Hagedoorn said at one of our meetings (1) and from my own experience, this treatment is always successful.

Afterwards I realised that the colour of the discharge was browner than the usual grey and that the clumps were much softer. To my surprise, instead of the expected actinomyces, *Fusobacterium Plaut-Vincenti* and *Borrelia Vincentii* were found in the discharge. A second examination on the next day produced the same result. Three days in succession the affected canaliculus was syringed with a solution of neoarsphenaminum and penicillin and during this period the symptoms disappeared. For two years there has been no recurrence.

I was not able to find Plaut-Vincent-canalculitis in the literature.

References

1. Hagedoorn: Arch. Ophthal. Chicago 23: 689 (1940).