

Mycotic keratitis due to *Neoscytalidium dimidiatum*: A rare case

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Dear Editor,

I read with interest the case report by Tendolkar *et al.* on the mycotic keratitis (MK) due to *Neoscytalidium dimidiatum*.^[1] It is obvious that MK is generally a serious ocular infection, particularly in the tropical countries. Its pathogenesis appears to involve agent factors, such as invasiveness and toxigenicity, and host factors, such as trauma and intrinsic defects in immunity.^[2] Among causes of poor immunity, human immunodeficiency virus (HIV) infection is the leading. In many parts of the world, particularly Africa, MK represents an important indicator of HIV infection where 81.2% of cases with MK were found to be HIV positive.^[3] In India, HIV infection is still a substantial health threat. The recently published data pointed out that the estimated adult HIV prevalence retained a declining trend in India, following its peak in 2002 at a level of 0.41% (within bounds 0.35–0.47%). By 2010 and 2011, it levelled at estimates of 0.28% (0.24–0.34%) and 0.27% (0.22–0.33%), respectively.^[4] Although the case in question had a history of ocular trauma, an important risk factor to acquire MK, I still presume that CD4 count and viral overload measurements were solicited to be done to disclose concomitant HIV infection. Despite that limitation, *Neoscytalidium dimidiatum* associated keratitis in the case in question could truly expand the spectrum of MK recently reported in India.^[5]

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Conflicts of interest

There are no conflicts of interest.

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