Purpose: To describe a case of endogenous endophthalmitis caused by Kingella kingae in a healthy infant, and review this rare entity and unique pathogen.

Methods: A previously healthy 5 month old boy presented with signs of anterior chamber inflammation following three days of prodromic febrile disease. Systemic work up was unremarkable. After taking blood samples for culture, wide spectrum antibiotic treatment was initiated. The clinical diagnosis of endogenous endophthalmitis prompted urgent surgical intervention and intravitreal injection of vancomycin and ceftazidime. Aqueous fluid and vitreous samples were taken for cultures.

Results: Aqueous fluid and vitreous cultures came out sterile, but blood cultures revealed Kingella kingae. Within days of treatment the boy recovered completely, without any signs of residual damage.

Discussion: Endogenous endophthalmitis is a rare, eye threatening condition, caused by hematogenous spread of either bacteria or fungus to the eye. Kingella kingae is a common pathogen which colonizes in children's oropharynx. Once it enters the blood circulation it tends to cause joint and bone infections, occult bacteremia or endocarditis. In these settings it usually responds well to antibiotics. Only few ocular infections caused by Kingella kingae have been reported in the past, with only one episode of endogenous endophthalmitis. In our case, suspicion and careful measures lead to a complete resolution.