**Objectives**:

Ocular candidiasis (OC) includes endogenous endophthalmitis or chorioretinitis by *Candida* species. The incidences of these lesions associated with candidemia vary broadly in literature between 2-26% for chorioretinitis and <2% for endophthalmitis. OC impacts treatment decision including switch of antifungals and surgical intervention. If OC remains undetected or improperly treated, it may lead to lasting visual impairment.

To rule out OC, indirect fundoscopy is recommended by guidelines in every patient with candidemia. However, the availability of an indirect fundoscopy can be challenging due to limited resources of trained personnel. Non-mydriatic fundus photography, increasingly used in diabetic retinopathy screening, allows for retinal examination without mydriatic agents. This approach allows examination by non-specialists with a subsequent analysis by teleophthalmologists.

This project aims to evaluate the feasibility of non-mydriatic fundus photography for the screening of OC in patients with candidemia. Further objectives are to define the optimal timing of examination and to asses a risk-stratification of patients with findings in ophthalmoscopy.

**Materials & Methods:**

Optomed Aurora IQ is a handheld fundus camera primarily designed as a screening device to facilitate early detection of retinopathies. Fundoscopic examination without medical-induced pupil dilatations are possible up to a pupil size of 3.1mm with 50-degree field overview. All adults patients with candidemia at the University Hospital of Cologne, Germany were assesed for eligibility. Patients with significant media opacities, myosis interefing with non-dilated examination, and/or death/referral before first examination were excluded. Patients underwent serial examination every 48-72 hours by infectious disease physicians or medical students until end of antifungal treatment. Serial retinal images were analysed by an ophthalmologist via teleophthalmology (Figure 1). If feasible, each patient with candidemia additionally underwent indirect fundoscopy in mydriasis at day 7 (+/-2) by an ophthalmologist.

**Results**:

From February to April, 2025 12 patients with candidemia were screened for eligibility, out of which 8 (67%) could be included in serial examinations. Patients with myosis (2/12, 17%), death (1/12, 8%) or referral to another hospital (1/12, 8%) were excluded. Patients characteristics are presented in Table 1. The main obstacle to serial examination was involontary lid closing due to sedation or fatigue (3/8, 38%). No patient showed findings for OC as assesed by teleophthalmology. Fundoscopy by was only performed in a total of 3 patients and did not differ with results obtained by non-mydriatic exams

**Conclusions**:

These preliminary results demonstrate that examination by non-mydriatic fundoscopy by non-ophthalmologists is feasible in the majority of patients with candidemia. The paucity of fundoscopy performed by ophthalmologists underline the need of alternative methods ruling out OC. The project will be continued for a minimum total period of one year. Further studies will focus on risk stratifications ins patients showing signs of OC and the implementation of AI-based technology for image interpretation.