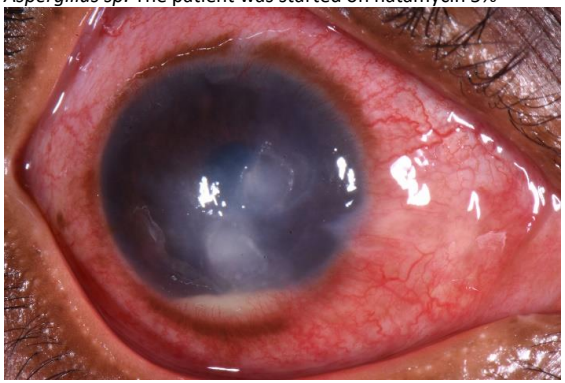
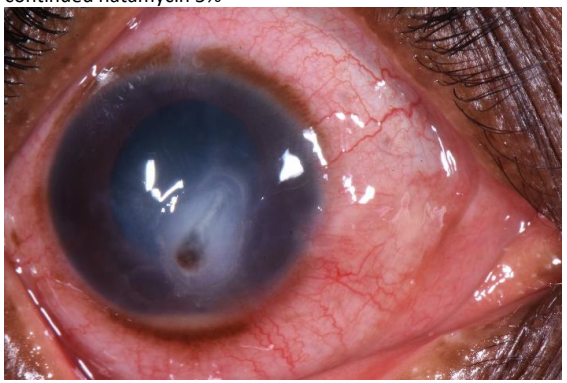
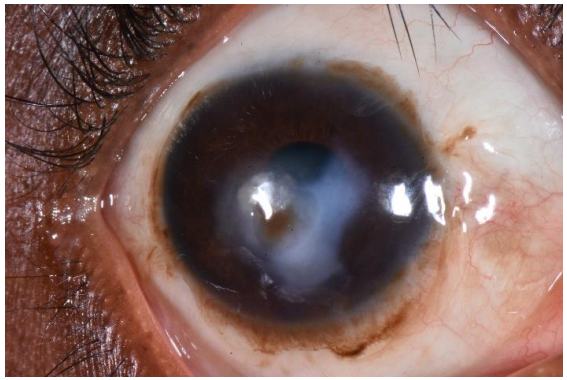
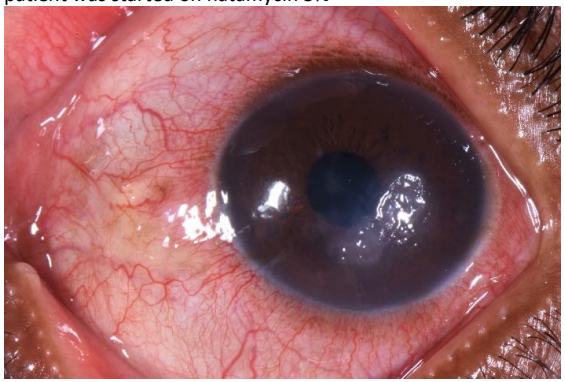
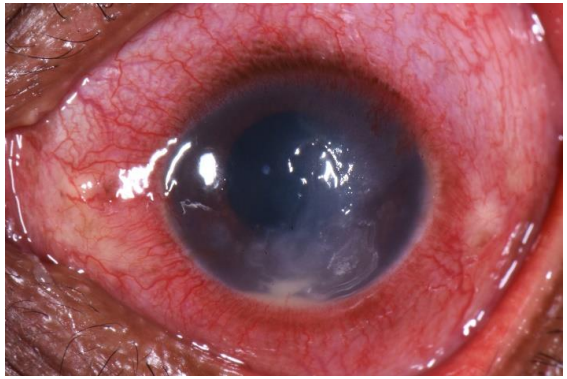
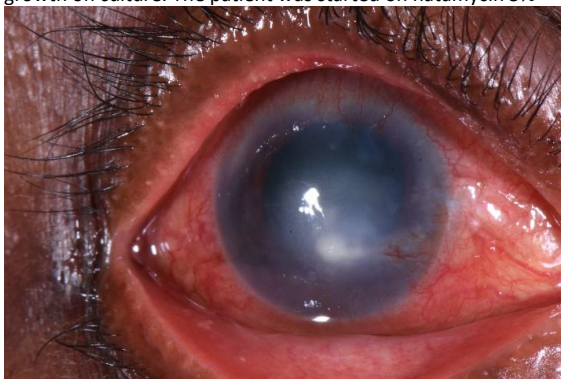
Supplemental Figure 1: Cornea appearance at presentation, on the day when topical chlorhexidine treatment was added and at the final review

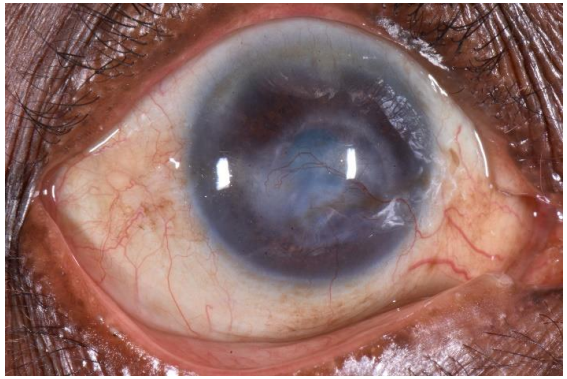
Presentation – Day 1	**Re-evaluation and initiation of chlorhexidine**	**Final follow-up**
Case 1: Moderate conjunctival hyperaemia, central corneal defect, stromal abscess, hypopyon. Microbiology demonstrated *Aspergillus sp.* The patient was started on natamycin 5%	Day 14: The infiltrate deepened and the patient developed a perforation. The patient was started on chlorhexidine 0.2% and continued natamycin 5%	Year 1: healed cornea with scarring
		
Case 2: Moderate conjunctival hyperaemia, paracentral oblique corneal defect, microbiology demonstrated *Aspergillus spp.* The patient was started on natamycin 5%	Day 7: Increasing corneal infiltrate and defect size. The patient was started on chlorhexidine 0.2% and continued natamycin 5%	Day 45: Patient was lost to follow up
		

Case 3: Central corneal infiltrate with stromal abscess. Microscopy demonstrated fungal hyphae but there was no growth on culture. The patient was started on natamycin 5%

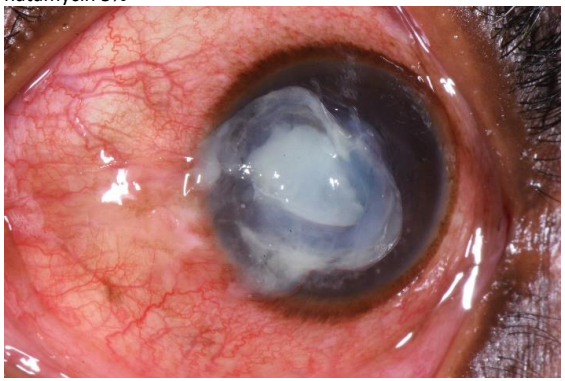


Day 14: Increasing inflammation, new epithelial defect and increasing corneal infiltrate. The patient was started on chlorhexidine 0.2% and continued natamycin 5%

Year 1: healed cornea with scarring and vascularisation

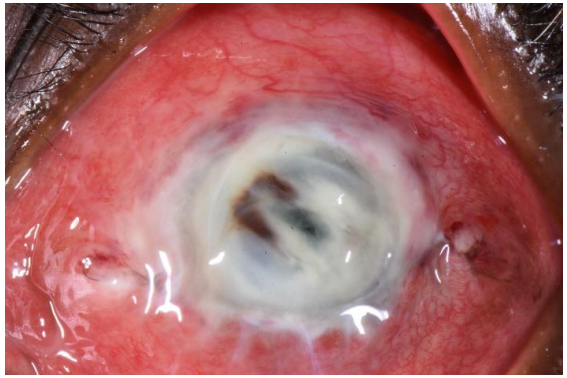


Case 4: Central infiltrate with corneal thinning, microbiology demonstrated *Fusarium sp.* The patient was started on natamycin 5%

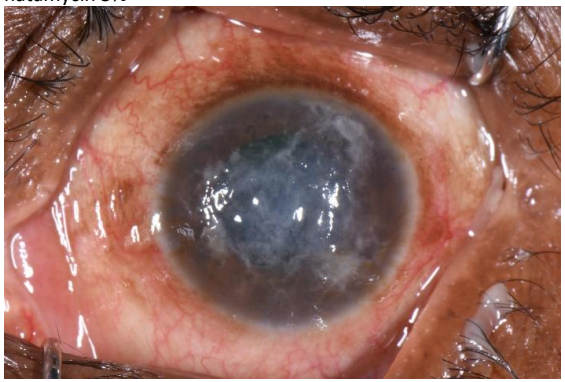


Day 2: Increased corneal melting with impending perforation. The patient was started on chlorhexidine 0.2% and continued natamycin 5%

Day 14: total corneal melting necessitating evisceration (this patient had received a conjunctival flap on day 4).

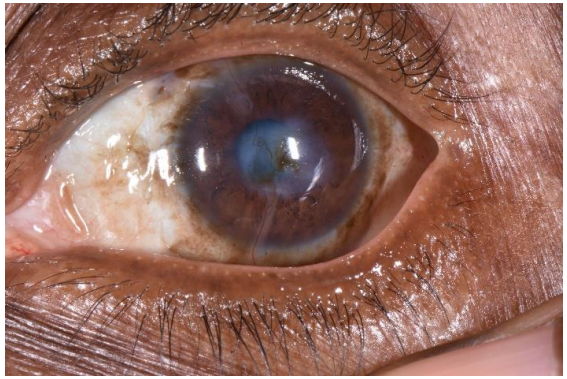


Case 5: A large epithelial defect with infiltrate. Microbiology demonstrated *Bipolaris sp.* The patient was started on natamycin 5%

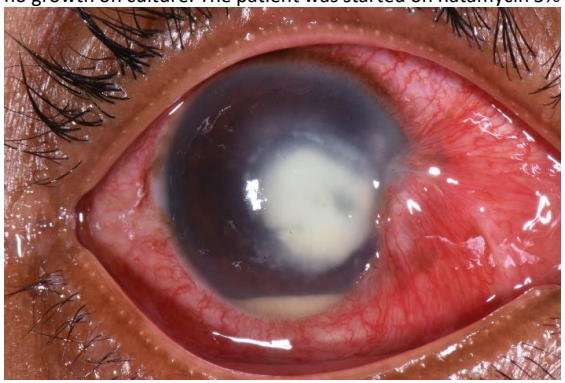


Day 7. This patient reported severe pain on applying natamycin 5%, it was discontinued and the patient started on chlorhexidine 0.2%

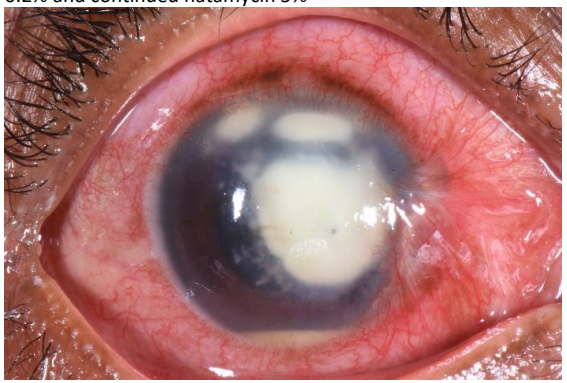
Year 1: healed cornea with scarring. The patient developed cataract



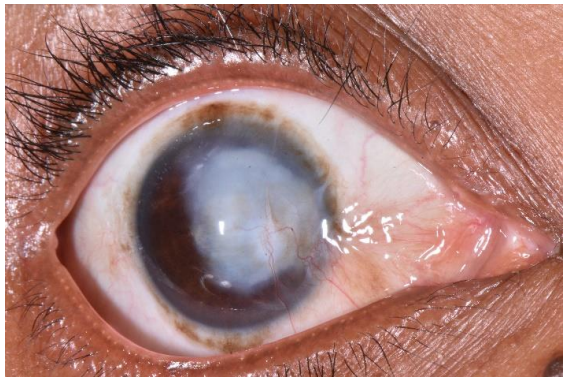
Case 6: Large paracental stromal abscess with a bead like ring infiltrate and a hypopyon. Microscopy showed fungal hyphae; no growth on culture. The patient was started on natamycin 5%



Day 14: Increasing infiltrate size, development of two large satellite infiltrates. The patient was started on chlorhexidine 0.2% and continued natamycin 5%



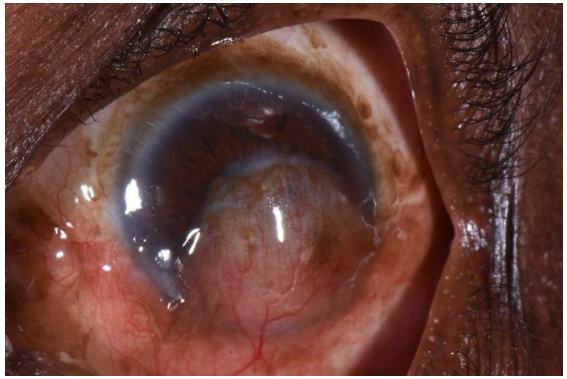
Year 1: Healed with a dense corneal scar and vascularisation.



Case 7: Dense corneal infiltrate with impending perforation. Microscopy showed fungal hyphae; unidentified fungus on culture. The patient was started on natamycin 5%

Day 3: Progressive corneal melting; total conjunctival flap performed. The patient was started on chlorhexidine 0.2% and continued natamycin 5%

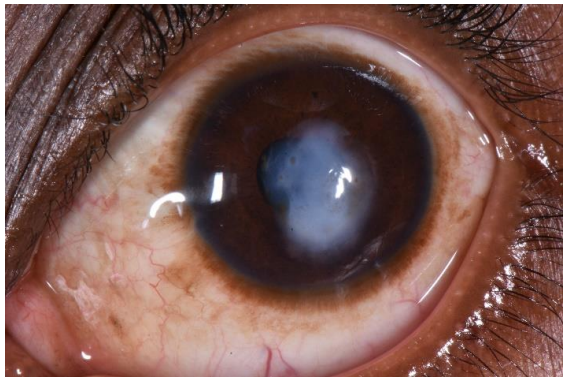
Year 1: Healed with a dense scar and corneal vascularisation.



Case 8. Dense central corneal infiltrate with endothelial plaque and hypopyon. Microbiology confirmed *Fusarium sp.* The patient was started on natamycin 5%

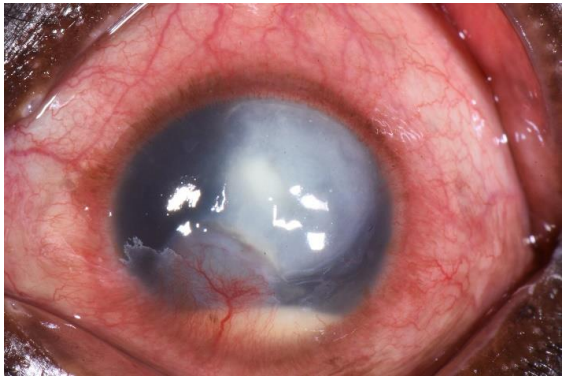
Day 21: Increasing infiltrate and endothelial plaque. The patient was started on chlorhexidine 0.2% and continued natamycin 5%

Year 1: Healed with a dense corneal scar

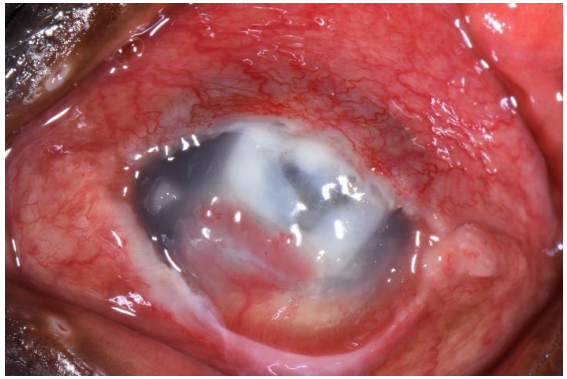


Case 9 Corneal infiltrate and hypopyon. The eye had a pre-existing corneal scar. Microbiology confirmed *Candida sp.* The patient was started on natamycin 5%

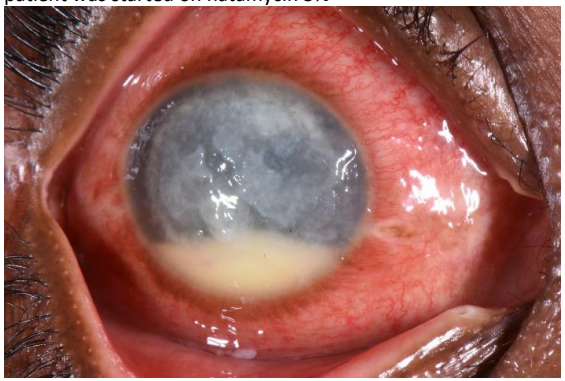
Day 3: Increasing corneal infiltrate and thinning. The patient was started on chlorhexidine 0.2% and continued natamycin 5%



Day 14: Despite adding chlorhexidine and a total conjunctival flap a few days later, there was total melting which required evisceration.

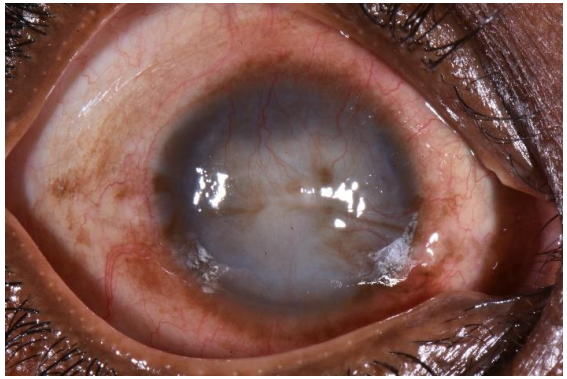


Case 10. Corneal infitrate involving the whole cornea with a hypopyon. Microbiology demonstrated *Acremonuim sp.* The patient was started on natamycin 5%



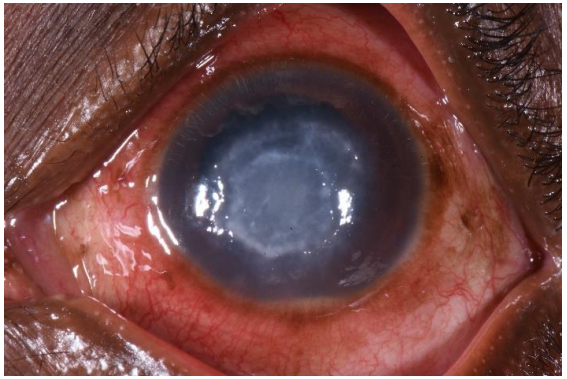
Day 7. Very slow response and notable new endothelial plaques and deepening ulceration. The patient was started on chlorhexidine 0.2% and continued natamycin 5%

Day 90: Healed with a dense corneal scar and corneal vascularisation

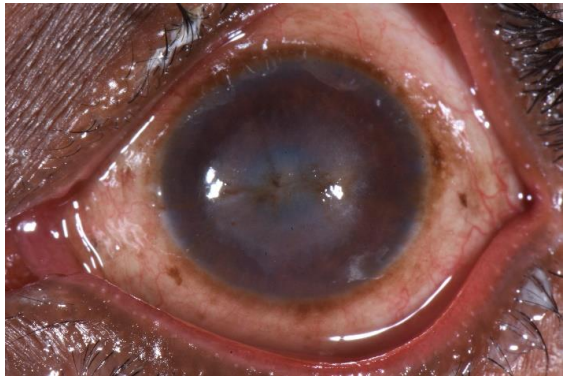


Case 11: Central corneal ring infiltrate and a hypopyon. Microbiology demonstrated *Lasilodiplodia theobromae*. The patient was started on natamycin 5%

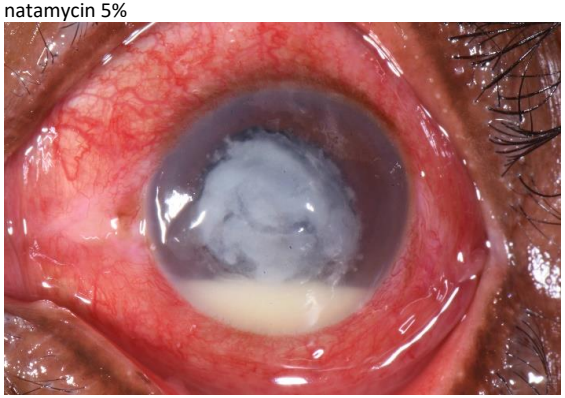
Day 7: Increased corneal infiltrate. The patient was started on chlorhexidine 0.2% and continued natamycin 5%



Day 90: Healed with moderate stromal scarring

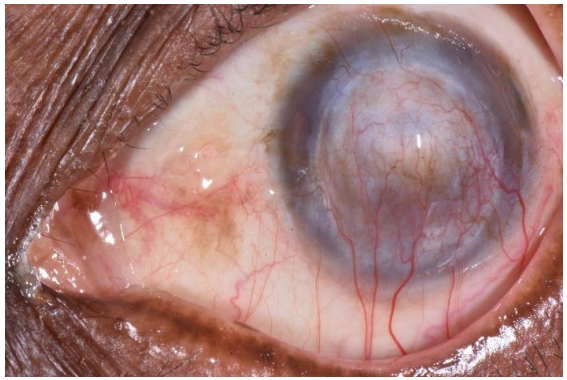


Case 12: Large corneal infiltrate with hypopyon. Microbiology demonstrated *Bipolaris sp.* The patient was started on natamycin 5%

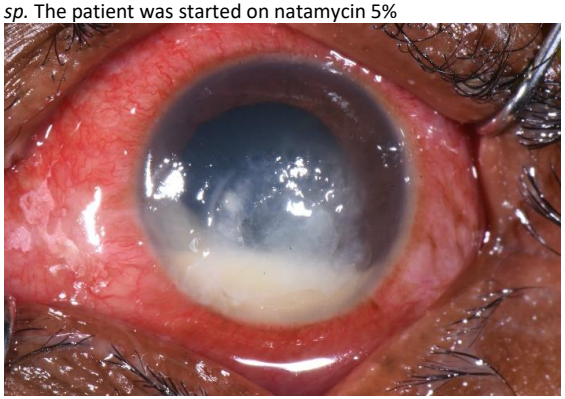


Day 14: Increasing corneal infiltrate with development of new satellite lesions. The patient was started on chlorhexidine 0.2% and continued natamycin 5%

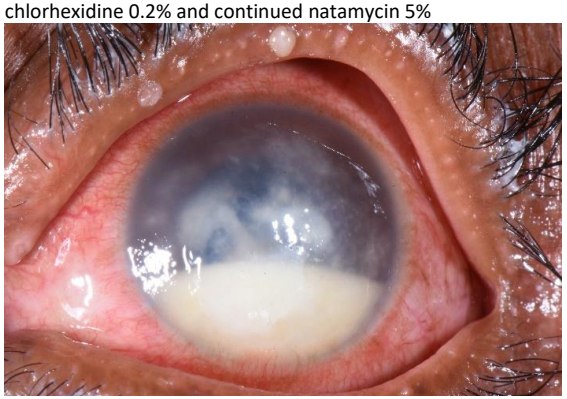
Year 1: Healed with a dense corneal scar. (This patient also received a total conjuctival flap due to the slowly healing uler)



Case 13: Central epithelial defect with a dense endothelial plaque and a hypopyon. Microbiology demonstrated *Fusarium sp.* The patient was started on natamycin 5%



Day 21: Increasing infiltrate, development of new satellite lesions and increasing hypopyon. The patient was started on chlorhexidine 0.2% and continued natamycin 5%



Day 90: Patient developed total corneal melting and perforation. The eye had to be eviscerated.