Tears with black deposits are extremely rare. In our case, we initially thought the black deposits were either foreign bodies or adrenochrome deposits, but they proved to be shedding from the subconjunctival mycetoma. Patients with tears with black deposits should therefore be evaluated for the presence of subconjunctival mycetoma. A similar clinical entity termed melanodacryorrhea (black tears) is caused by extraciliary extension of uveal melanoma.

1. In immunocompetent subjects, fungal infection can remain superficial and localized as illustrated in our case. Subconjunctival mycetoma has been reported after subtenon corticosteroid injection in an immunocompromised host and in an immunocompetent woman with no risk factors, similar to our patient. The Exophiala species are dematiaceous mold commonly recovered from soil, plants, water, and decaying wood materials. The strain of black yeasts has been described as the causative agent in fungal keratitis and reported that all 4 antifungal agents have low susceptibility.

2. Exophiala dermatitidis has been described as the causative agent in fungal keratitis that occurred after keratoplasty and laser in situ keratomileusis, but to our knowledge it has not been reported to cause subconjunctival mycetoma.

3. Treatments described for subconjunctival mycetoma are diverse, ranging from aggressive topical and systemic antifungal treatments following surgical intervention to surgical debridement alone. A study by Zeng et al evaluated the activity of amphotericin B, itraconazole, voriconazole, and posaconazole against E. dermatitidis and reported that all 4 antifungal agents have low minimum inhibitory concentrations (range, 0.03-0.5). However, data on correlation between in vitro and in vivo susceptibility are unavailable.

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In summary, we describe an immunocompetent woman with tears with black deposits caused by subconjunctival mycetoma, the causative fungus having been identified as *E. dermatitidis*.

**Figure.** Clinical, morphological, and histopathological findings. A, Slitlamp photograph showing subconjunctival black lesions over the superior tarsus (arrow). B, Multiple mulberry-like, black concretions were removed. Several conjunctival biopsy specimens were also taken. C and D, Mycetoma with numerous fungal hyphae on Gomori methenamine silver stain sections (original magnification ×100 [C] and ×200 [D]).

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**Author Contributions:** Dr Li had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

**Financial Disclosure:** None reported.


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**Inadvertent Vitreous Staining With Trypan Blue in Pseudoexfoliation Syndrome**

Trypan blue is commonly used for anterior capsular staining during cataract surgery. Although this technique is safe, vitreous staining with trypan blue during cataract surgery has been reported in patients with history of trauma.2 Here we report a case of vitreous staining with this dye during phacoemulsification in an eye with pseudoexfoliation syndrome without clinically noticeable zonulysis.