

Elderly Woman with Headache and Lagophthalmos with Visual Loss



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Submission: November 17, 2017; **Published:** December 09, 2017

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Introduction

A 78-year-old woman presented with headache, a six-day history of swollen right eye, and a four-day history of gradually worsening visual disturbance, along with spontaneous vomiting. A physical examination showed severe swelling of her right eye with inflammation and severe edema of the conjunctiva,

lagophthalmos, cataract ulceration, and exophthalmic ophthalmoplegia (Figure 1A & 1B). A visual accuracy test could not be performed. Computed tomography revealed a superior subperiosteal orbital abscess with the right eye protruding 1.8 cm anterior to the left eye (Figure 2A & 2B).



Figure 1: Physical findings. A.B. Right lagophthalmos with swollen eyelid and conjunctival edema.

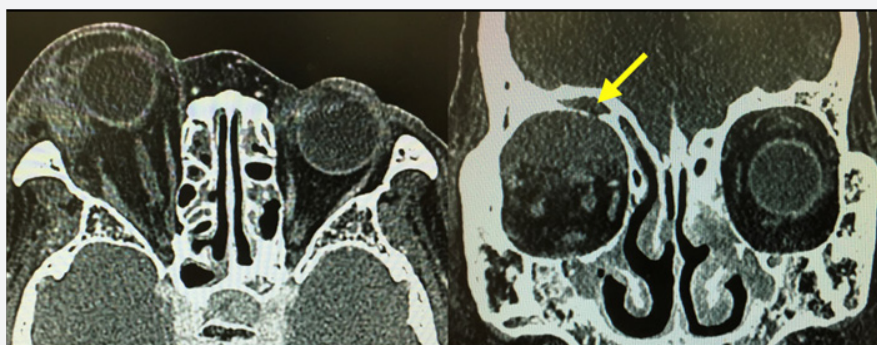


Figure 2: Computed tomography findings on initial presentation. A. Axial view. The right eyeball was protruding 1.8cm anterior to the left eyeball; B. Coronal view. Periosteal abscess with bony defect of the roof of orbit (yellow arrow) with frontal sinusitis.

Diagnosis

A superior subperiosteal orbital abscess (SSPOA) is a collection of purulent material between the periorbit and the superior bony orbital wall, and is typically a complication of frontal sinusitis. Orbital complications can result in permanent blindness or death if not treated promptly and appropriately. Immediate attention and proper management are required to prevent fatal complications [1]. Abscesses in older patients usually contain mixtures of aerobic and anaerobic microbes and are more likely to require drainage than those in children. Surgical drainage is particularly recommended for SSPOAs

because of the risk of intracranial infection [2]. The visual loss associated with orbital cellulitis is thought to result from optic neuritis as a result of inflammation from nearby infection, ischemia resulting from thrombophlebitis along the orbital veins, and pressure resulting in central retinal artery occlusion [3].

The patient underwent emergent surgical drainage with combined approach. The inflammation improved immediately postoperatively, but she did not regain vision in her right eye.

Conflict of Interest

The authors confirm no relevant conflicts of interest to this work, and no relevant financial disclosures to report.

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DOI: [10.19080/JOJO.2017.05.555674](https://doi.org/10.19080/JOJO.2017.05.555674)

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