conferenceseries.com

18th Asia Pacific
OPHTHALMOLOGISTS ANNUAL MEETING
July 29-30, 2019 | Melbourne, Australia

A case of left eye orbital cellulitis with compressive optic neuropathy

Renu Poudel
Manipal College of Medical Sciences, India

Introduction & Objective: Orbital cellulitis is life threatening condition usually caused by spread of microbes from paranasal sinus and the infection can spread to brain due to valveless communication of facial and ophthalmic vein to cavernous sinus. It is relatively common in developing countries. Through this case report, we want to emphasize that prompt diagnosis and treatment can save the vision and even life of the patient and especially in the developing country like Nepal where there is lack of well-trained personnel and equipment's even efficient use of antibiotics can save life and vision. And also in our daily practice especially in developing world, we use large broad spectrum antibiotic before considering simple antibiotic as patient wants faster recovery and because of poor compliance which is leading to emergence of resistant organisms causing life threatening infection. This is the case of ophthalmic emergency i.e., orbital cellulitis following ethmoidal sinusitis (with no previous signs) and to know the importance of timely diagnosis and management and also emergence of methicillin resistant *Staphylococcus aureus* in causation of orbital cellulitis in developing countries.

Case Report: We report a case of 35 years old female with complains of swelling of left eye and sudden onset of diminished vision in left eye for one day. She was being treated with topical antibiotics since one week for conjunctivitis. There were no any significant past history. On admission, her vision in left eye was perception of light only. There was diffuse swelling of left eyelid with left eye proptosis and marked conjunctival chemosis. Extraocular muscle movement was restricted and pupil was sluggishly reactive in left eye with RAPD. Optic disc was hyperemic in left eye. She was admitted and all the blood investigation and CT scan of head and orbit was advised. She was treated with injection Cefotaxime and Metronidazole. As there was pus point seen in eyelid in second day of admission so incision and drainage was done and pus was sent for microbiological investigation and after the growth of Methicillin Resistant *Staphylococcus aureus*, treatment was changed to injection Vancomycin and Amikacin. There was ethmoidal sinusitis in CT scan so FESS was done by ENT surgeon. After changing antibiotic and followed by surgery, patient showed drastic improvement and on fifteen day of admission her vision was 6/6.

Conclusion: As orbital cellulitis is ophthalmic as well as medical emergency, this reported case highlighted the importance of timely diagnosis and also the importance of judicial use of antibiotics in our daily use especially in our developing country where there is no patient compliance and education and no availability of well-trained personnel and equipment's.

renupoudel21@gmail.com

Notes: