CLINICAL SNAPSHOT

Orbital Cellulitis

A healthy 13 year old boy presented with swelling of the left eyelid that had been gradually enlarging over the previous 2 days. After raising the upper eyelid visual acuity was 0.8, and ocular motility was unremarkable. On the following day—after initiation of an oral antibiotic treatment—visual acuity decreased to 0.63, and there was a restriction in upward gaze of the left eye, indicating the presence of an inflammatory orbital complication (orbital cellulitis). This can occur in 3 to 4% of children with acute rhinosinusitis and is an emergency that is potentially fatal (sinus vein thrombosis, meningitis). Initially it is important to differentiate be-

tween pre- and postseptal disease by means of imaging, motility testing, and pupillary reaction. Eyelid swelling without elevated temperature can also be a sign of an orbital complication, and in cases of functional monovision, diplopia may not be noticed. Orbital cellulitis can be caused by dacryocystitis, sinusitis, or trauma. The diagnosis has to be confirmed by checking for inflammatory parameters, performing magnetic resonance imaging/computed tomography, and—in case of elevated temperature—blood culture for a specific intravenous antibiotic therapy. Interdisciplinary collaboration between the departments of pediatrics, otorhinolaryngology, and ophthalmology is of utmost importance in these patients.

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