LETTER TO THE EDITOR

Orbital phlegmona from upper eyelid chalazion

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In progression of orbital infection, the patient is at risk of intracranial complications (purulent meningitis, brain abscess, cavernous sinus thrombosis). Intracranial complications are potentially life threatening, thus the patients with suspected infection of the orbit have to be admitted to hospital and the eye examinations, CT of orbits, sinuses and brain have to be performed. CT examination reveals the extent and origin of a disease and the correct diagnosis can be obtained.

Patients with the bacterial infection of the orbit must be immediately treated with broad-spectrum antibiotics in sufficient doses, and, if the abscess is found, a surgical treatment has to be indicated (1).

We have the patient, who developed orbital phlegmona by transmission from the upper eyelid chalazion, which is among the rare causes of the orbital phlegmona. Urgent computed tomography (CT) of the orbit confirmed the correct diagnosis and an immediate treatment with broad-spectrum antibiotics prevented a disease progression.

The urgent CT has an irreplaceable role in determining the correct early diagnosis (1, 2).

Thanks to urgent CT of the orbit in our patient (Fig. 1a, b), the correct diagnosis of orbital phlegmona was made and an appropriate treatment with cephalosporin antibiotics was initiated. Early antibiotic treatment in a sufficient dose prevented disease progression, patient’s ocular finding rapidly improved, no complications occurred. Immunological examination of the patient was negative.

References


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