



# Conjunctival Chemosis Due to Orbital Cellulite

## Orbital Selülite Bağlı Konjonktiva Kemozisi

Ergin Çiftçi (iD), Burcu Özge Erdoğan (iD), Hatice Kübra Konca (iD), Gül Arga (iD), Belkis Hatice İnceli (iD), Halil Özdemir (iD)

Division of Pediatric Infectious Diseases, Department of Pediatrics, Ankara University Faculty of Medicine, Ankara, Turkey

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A 15-year-old male patient was admitted with complaints of fever, headache, and redness and swelling in the left eye. It was learned that the patient's complaints started about month ago, and there was no improvement despite antibiotic eye drops. The patient's axillary body temperature was 38.9°C, swelling and redness were observed in the left periorbital region. The left eye could not be opened fully, the eyeball was pushed forward, chemosis was observed in the conjunctiva, and eye movements were limited. The patient's leukocyte count was 14.300/mm<sup>3</sup> and C-reactive protein was 157 mg/L. Magnetic resonance imaging revealed changes consistent with sinusitis in the left frontal, sphenoid, maxillary and ethmoid sinuses, as well as left intraorbital abscess and cavernous sinus thrombosis. The patient was started on vancomycin, meropenem and enoxaparin treatment. There was no growth in the cultures of the patient whose abscess was drained by endoscopic sinus surgery under antibiotic treatment. The patient, whose clinical findings improved and chemosis completely regressed in the follow-up, was discharged with oral antibiotic treatment after two weeks of parenteral antibiotic therapy. The patient, who received a total of one month of antibiotic and three months of enoxaparin treatment, recovered without any problem.

Orbital cellulitis is an infection of the soft tissues behind the orbital septum. It is a more serious clinical picture than preseptal cellulitis, which is a soft tissue infection in front of the orbital septum. The vast majority of cases occur as a complication of acute or chronic bacterial sinusitis, especially ethmoid sinusitis. Eye-related clinical findings in orbital cellulitis include propto-

sis, ptosis, limitation of eye movements, eye pain, and chemosis. Chemosis, which describes swelling of the conjunctiva, is a nonspecific manifestation of eye irritation. The conjunctiva, which has developed chemosis, becomes swollen and gelatin-like, as if there is fluid in it. Due to the swelling, it becomes difficult to close the eyes completely. Orbital cellulitis can also cause decreased visual acuity or visual field defect. Orbital cellulitis can spread to the cavernous sinus, meninges, and brain parenchyma. Imaging of the orbit and paranasal sinuses with computed tomography or magnetic resonance imaging is necessary to confirm the diagnosis. Surgical drainage of the orbit and/or sinus may be required in some cases. Most patients respond well to medical and/or surgical treatments.



### Correspondence Address/Yazışma Adresi

#### Ergin Çiftçi

Ankara Üniversitesi Tıp Fakültesi,  
Çocuk Sağlığı ve Hastalıkları Anabilim Dalı,  
Çocuk Enfeksiyon Hastalıkları Bilim Dalı,  
Ankara-Türkiye

**E-mail:** erginciftci@gmail.com

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