

A miraculous survivor of a sino-orbital aspergillosis complicated with cerebral extension in an immunocompromised patient

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ABSTRACT

Objective: To report a case of successfully treated invasive orbital aspergillosis in an immunocompromised patient. **Method:** A case report. **Results:** A 34 year-old Malay man who was admitted for severe diabetic ketoacidosis was referred for right oculomotor cranial nerve palsy. Clinically, he appeared confused and ill-looking. Anisocoria was detected with right positive relative afferent pupillary defect. There was right partial ptosis with injected conjunctiva and limitations of elevation, depression and adduction. Right fundus showed signs of central retinal artery occlusion (CRAO). He was initially treated as right orbital cellulitis complicated with orbital apex syndrome and CRAO. Contrasted MRI of brain and orbit revealed right-sided pansinusitis with right extraconal extension and bifrontal cerebritis. Otorhinolaryngology team proceeded with bilateral endoscopic optic nerve decompression with functional endoscopic sinus surgery. Tissue culture grew *Aspergillus fumigatus*. Two weeks later, his conscious level deteriorated. Urgent CT scan of brain and orbit showed cerebral empyema. Bicoronal craniotomy and drainage was done by the neurosurgical team. His condition later worsened with right eye proptosis and complete third nerve palsy. His fellow eye revealed CRAO. MRI brain and orbit reported recurrent heterogeneous opacity involving orbital apex with extension into the cavernous sinus. The patient underwent combined surgery of bicoronal craniotomy, debulking of fungal mass and right subtotal exenteration. He completed anti-fungal treatment for 6 months in total. At 5 months postoperatively, his general health condition improved with healthy granulation tissue of right socket. **Conclusion:** Mortality rate in orbital Aspergillosis does not correlate with intracranial extension. Early diagnosis, aggressive treatment and prolonged antifungal improve outcome.

KEY WORDS:

Diabetic ketoacidosis, central retina artery occlusion, pansinusitis, orbital apex syndrome, Aspergillus fumigatus

A rare case of indirect carotico-cavernous fistula

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ABSTRACT

Objective: To report a rare case of spontaneous right indirect carotico-cavernous fistula following normal labour. **Method:** a Case report. **Results:** A 31-year-old lady presented with painless right eye redness for 2 weeks with no reduction in vision. She had no medical illness and denies head trauma or other constitutional symptoms. She had 4 children with the youngest being 3 months old. All were born via normal vaginal delivery. On examination, right eye was proptosed evidenced by exophthalmometer measurement of 15mm and 13mm on the right and left, respectively. It was non-pulsatile with neither bruit nor thrills. Both visual acuity was 6/6 with no relative afferent pathway defect or anisocoria. Extraocular muscle movement, confrontation and other cranial nerve tests were normal. She had no chemosis, ptosis or lagophthalmos. Intraocular pressure (IOP) and fundus were normal. CT scan brain and orbit was suggestive of right carotico-cavernous fistula (CCF). Her clinical condition worsened on the third day- pulsatile proptosis with bruit and thrills. Her right IOP was 24 mmHg. Cerebral digital subtraction angiography showed a communication of the meningeal branch of the right external carotid artery and inferolateral trunk of internal carotid artery with the right cavernous sinus consistent with right indirect CCF. All blood tests included vasculitis and autoimmune screenings came back as either normal or negative. Embolization of right indirect CCF was performed. She attained complete clinical resolution a month later. **Conclusion:** We present a rare case of symptomatic carotico-cavernous fistula developing as a result of stress of labour in a previously healthy woman.