

Case series of paediatric orbital cellulitis: The need of surgical drainage

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ABSTRACT

Objective: Orbital cellulitis is an infection of the soft tissues posterior to the orbital septum. It is a vision and life threatening emergency and has to be promptly treated. We report a case series of paediatric orbital cellulitis in which abscesses were drained. **Method:** Case series. **Results:** The first case is a 3 year old boy who had left eye orbital cellulitis with Chandler's classification Class IV. He presented with visual acuity (VA) of 6/15. The second case is a 5 year old boy who had Chandler's Class V left eye orbital cellulitis. VA at presentation was 6/30. They both had proptosis and limited EOM but no RAPD. Paranasal sinusitis and dental caries were present in both cases. Computed Tomography (CT) brain/orbit/paranasal sinuses (PNS) for Case 1 showed extraconal, intraorbital abscess which extends to the mandibular region. No subperiosteal abscess noted. In view of poor response to IV antibiotics, otorhinolaryngology (ORL) and the dental team were consulted and Functional Endoscopic Sinus Surgery (FESS) and tooth extraction were done. Drainage was done from the oral cavity. CT brain/orbit/PNS for Case 2 revealed extraconal intraorbital abscess and cavernous sinus thrombosis but there was no subperiosteal abscess. ORL and dental team were consulted and FESS and tooth extraction were done. Anterior approach drainage via subciliary incision was done. Both children completed 2 weeks of antibiotics and were discharged well. **Conclusion:** Paediatric orbital cellulitis with intraorbital abscess usually does not require drainage especially those under the age of 9, however, clinical judgment must be tailored to each individual patient.

Case series: Symptomatic floaters in posterior vitreous detachment treated by Nd:YAG vitreolysis

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ABSTRACT

Objective: To report 3 cases of symptomatic floaters in posterior vitreous detachment treated with laser vitreolysis. **Method:** Case series. **Results:** Three cases of posterior vitreous detachment related floaters underwent vitreolysis laser. These 3 patients complained of floaters for at least 3 months which affected their vision and caused anxiety or fear. Nd-YAG laser (Ellex, Ultra Q Reflex) was used for vitreolysis in a single or repeated session at 1-month intervals. The energy level on average was 1.82mJ, ranging from 1.3mJ-2.6mJ. Total laser energy on average was 567.4mJ, ranging from 435mJ-1889mJ. The visual acuity, slit lamp examination, contrast sensitivity function (CSF) by computer-based Freiburg Acuity contrast test (FrACT) in Weber index (%W), health-related quality of life by visual function questionnaire-25 (NEI VFQ-25) and optical coherence tomography were done prior to and after vitreolysis treatment. Two patients were asymptomatic after the first treatment; 1 patient with amorphous floaters need repeated vitreolysis 3 times. All patients received guttae Dexamethasone 0.1% qid in treated eye for a week. One month after completing vitreolysis, all patients showed improved in CSF of 0.44-3.58%W. All subscales in NEI VFQ-25 were shown to be improved. No complication was observed. **Conclusion:** Laser vitreolysis is a useful non-surgical option for symptomatic floaters in posterior vitreous detachment because of its high effectiveness, low complication rate and good functional outcome.

KEY WORDS:

Floaters, posterior vitreous detachment, vitreolysis, contrast sensitivity function, visual function questionnaire- 25