Favourable outcome of presumed fungal orbital apex syndrome

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ABSTRACT

Orbital fungal infection in immunocompetent individuals is uncommon and may clinically mimic non-specific orbital inflammatory disease. We report a case of atypical left orbital apex syndrome secondary to presumed fungal infection. A healthy 23-year-old Malay gentleman presented with left eye (LE) gradual onset reduced vision associated with restricted eye movement for 3 weeks. Ocular examination showed LE visual acuity of counting finger and positive relative afferent pupillary defect. There was left partial ptosis and anisocoria with restriction of extraocular movement (EOM) of the LE in all gazes. Right eye examination was unremarkable. Systemic examination revealed extensive tinea infection involving the scalp, trunk and both upper and lower limbs. His skin scraping grew Tricophyton mentagrophytes. MRI orbit and brain showed increased enhancement involving left orbital apex, superior orbital fissure and cavernous sinus. A diagnosis of left orbital apex syndrome secondary to presumed fungal infection was made. Systemic fluconazole was started for his tinea infection. His LE vision gradually improved to 6/9. His optic nerve function and EOM also showed marked improvement. He refused biopsy of the orbital lesion and systemic fluconazole was continued. Serial MRI after one month of antifungal showed signs of improvement and resolution of the presumed fungal left orbital and cavernous sinus lesion. Thorough assessment is mandatory in orbital apex syndrome. Prompt diagnosis and right treatment may lead to a favourable outcome.