A twist of Parinaud oculoglandular syndrome

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ABSTRACT

Bartonella is a common organism associated with Parinaud oculoglandular syndrome; however, atypical presentations may necessitate a biopsy. A 58-year-old woman presented with right eye redness associated with lid swelling and right preauricular swelling for three weeks. The best-corrected visual acuity was 6/9 OU with no relative afferent pupillary defect. The right upper and lower eyelids were swollen and erythematous. Two firm masses were palpable in the right lower lid. The right eye was proptosed, and the extraocular muscle movement was slightly restricted in all gazes. Her conjunctival was injected with 360-degree chemosis. The posterior segment was unremarkable. Her total white cell count was 11.8, and C-reactive protein was 39. She was started on intravenous Ceftriaxone for right orbital cellulitis. Her clinical condition was status quo. Hence, we proceed with computed tomography brain and orbit, which revealed an enhanced thickening soft tissue mass with ill-defined margins at the right lower lid. An incisional biopsy was performed. Intraoperatively noted diffuse, non-mobile, multilobulated, firm mass measuring 10 mm x 10 mm. Histopathological analysis of the biopsied mass revealed features of Bartonella infection. The diagnosis was revised to Parinaud oculoglandular syndrome, and the patient was discharged with oral Cefuroxime to complete for a total of 6 weeks. During clinic follow-up, the ocular chemosis, lower lid swelling, and preauricular node resolved with vision of 6/9 in bilateral eyes. Unusual manifestations of Parinaud oculoglandular syndrome may involve the occurrence of an orbital mass, sometimes resembling orbital cellulitis. Nonetheless, utilisation of histopathological analysis for tissue identification of Bartonella presents an intriguing diagnostic alternative.