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A belated presentation of raccoon eyes.

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Introduction: Periorbital ecchymosis is a sign of basal skull fracture, subgaleal hematoma, a craniotomy that ruptured the meninges, neuroblastoma or amyloidosis. They may not appear until up to two days after the event. We here present a case of a patient with a bilateral subarachnoid hemorrhage and raccoon eyes six days after a fall.

Case Report: A 55 years old female with past medical history of type two diabetes mellitus and hypertension presented to our institution after a fall secondary to severe hypoglycemia. The patient fell forward injuring her forehead without losing consciousness. Blood glucose on admission was 18 gr/dl, and she was confused and disoriented. On physical exam: no focal neurological or cranial nerves deficits noted at that time, and a laceration on the forehead was present. The cardiac exam was benign. Head computed tomography (CT) was positive for two focal regions of subarachnoid hemorrhage in the parietal lobes bilaterally. Neurosurgery was consulted, and head CT repeated in two days was done with no worsening of former findings. On day six after the fall, the patient presented with asymptomatic bilateral periorbital ecchymosis and swelling, and assumption of raccoon eyes was made even notorious late presentation. The patient was discharged and asked to follow up with a neurosurgeon in four weeks.

Discussion: Each year, approximately 1.7 million people sustain head injuries in the United States, with 1.3 million undergoing emergency evaluation. Skull fractures can be associated with scalp lacerations with profuse bleeding that can be difficult to control, and the degree of underlying brain tissue and cranial nerve injury determines the neurologic presentation. Bilateral ecchymosis occurs when damage at the time of a skull fracture tears the meninges and facilitate the venous sinuses to bleed into the arachnoid villi. Raccoon eyes may be bilateral or unilateral is a useful clinic sign that should alert the clinician to assess for skull fractures, intracranial hemorrhage, cranial nerve injury, sinusitis, superficial eyelid cellulitis and preseptal infections and are typically not present during the examination immediately following the injury but appear one or two days later. According to the Canadian CT Head Rule, Battle sign, Raccoon eyes, otorrhea or rhinorrhea, are collectively highly predictive of a clinically relevant head injury. In this condition, different mechanisms have been proposed and most of these pivot around the lymphatic, vascular, and soft tissue anatomy of the periorbital area. Depending upon the findings of the physical examination, a CT scan may be needed to look for bleeding in the brain, and although they may be worrisome to the patients and their families, these are self-limiting and essentially none dangerous conditions.

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