

# 10<sup>th</sup> European Otolaryngology-ENT Surgery Conference

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## Presentation of bilateral orbital abscesses in an immune-competent individual

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**Introduction:** Orbital abscesses are complications of bacterial sinus disease, these commonly occur as a sequelae of poor sinus drainage and after spread through the bones of the medial orbit, from the maxillary sinus.

**Case Report:** A 44-year-old Afro-Caribbean gentleman presented to the emergency department with pressure in the frontal sinus regions as well as headaches and fevers. His only prior medical history was that of a FESS for chronic allergic rhinitis that had taken place 4 months prior. His regular medications were sinus douches and intranasal corticosteroid sprays, he was a nonsmoker and non-drinker, was fit and active and had no history of immuno-suppression. He had no orbital signs or symptoms at initial presentation. He was ambulated with a course of Co-amoxiclav and for ambulatory care review 3 days later. He re-presented unwell with fevers and peri-orbital oedema, unable to open either eye without assistance. On opening his eyes he experienced diplopia. Subsequent cross-sectional imaging showed bilateral orbital abscesses with erosion of the laminae; on the left side there was ocular displacement. The left frontal sinus roof was dehiscent; the abscess was in communication with the meninges.

His examination on arrival showed bilaterally closed orbits, the right eye could be assessed and movements appeared intact, the left eye had more severe proptosis and was firm to touch. He did not demonstrate signs of meningism although photophobia was challenging to assess given his clinical presentation.

He was transferred to a head and neck centre and underwent sinus surgery and washout. The operation was challenging with middle turbinates that were adherent to the lateral nasal walls on both sides. Osteomeatal complexes were re-opened and extensive washout of the frontal and maxillary sinuses was performed. The extensive orbital abscesses were drained.

He was monitored on the ward for the following week receiving intranasal and intravenous therapy. 7 days after his presentation he was discharged from inpatient care to complete 6 weeks of outpatient antibiotic therapy. At his subsequent follow up his visual acuity had returned to baseline, he demonstrated no permanent alteration of acuity.

**Discussion:** Abscesses are typically unilateral and occur in the paediatric population due several anatomical features. Bilateral abscesses are incredibly rare, this is an important reminder that whilst rare, bilateral infections can occur but that importantly the key management steps remain the same.

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## Biography

Benjamin G Kennard is a dedicated medical professional and researcher affiliated with the University of Birmingham, UK, specializing in ophthalmology and infectious diseases. His work focuses on complex orbital conditions and innovative approaches to their diagnosis and treatment. His recent presentation, "A Presentation of Bilateral Orbital Abscesses in an Immune-Competent Individual," highlights his expertise in managing rare and challenging clinical cases. Benjamin's contributions aim to advance understanding and care strategies in ocular and systemic infections. His work reflects a commitment to improving patient outcomes in ophthalmological practice.

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