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# OCULAR DISEASE

## Preseptal cellulitis



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# *Introduction*

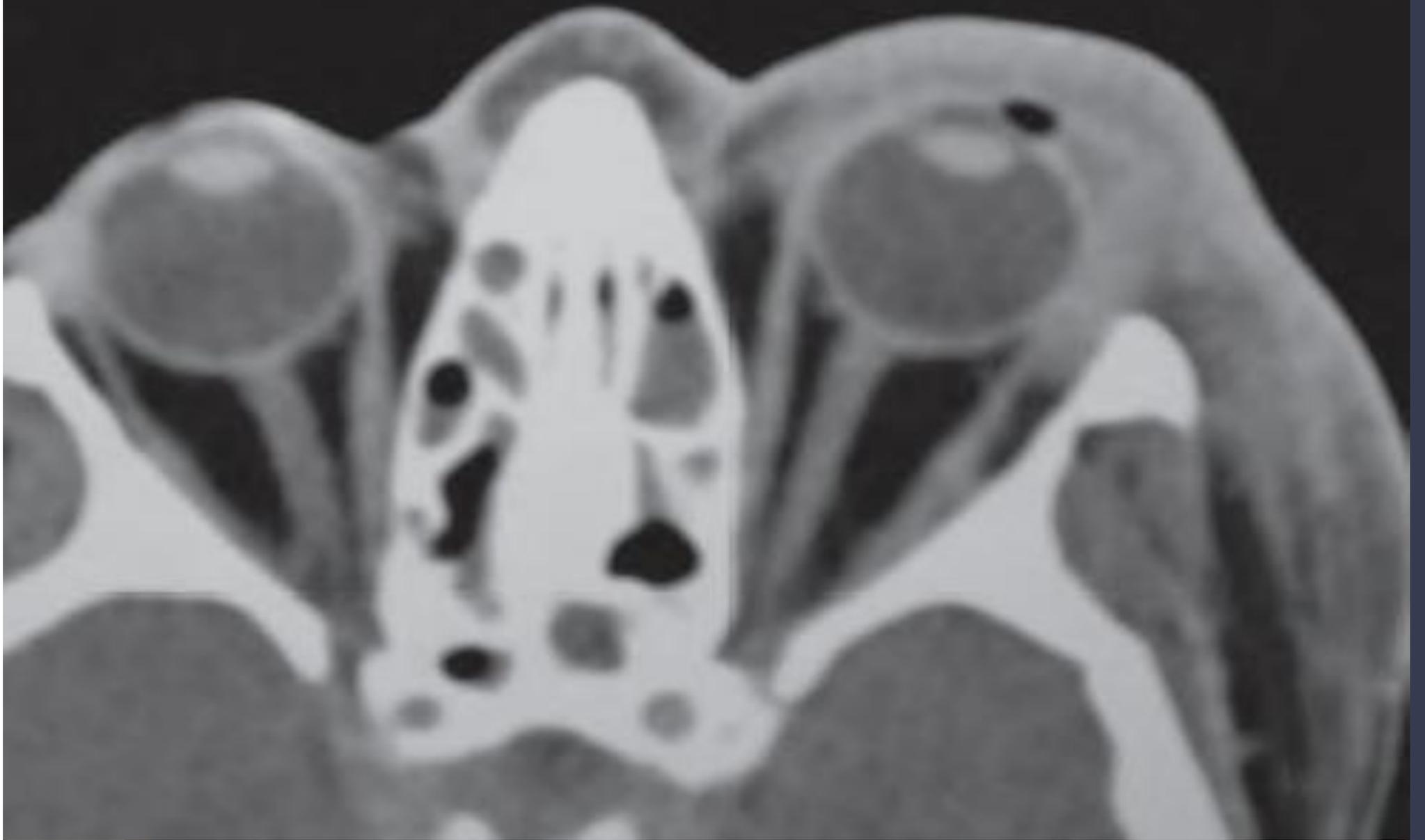
- Preseptal cellulitis is an infection of the **subcutaneous tissues anterior to the orbital septum**.
- It is considerably **more common** than orbital cellulitis, and though regarded as **less serious**, can still be associated with severe complications such as
  - ✓ **Abscess formation**
  - ✓ **Meningitis**
  - ✓ **Cavernous sinus thrombosis.**



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*Preseptal cellulitis. Left preseptal cellulitis resulting from an infected eyelid abrasion*



*axial CT shows opacification anterior to the orbital septum*



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# Organisms

- Typically responsible are
  - ✓ *Staphylococcus aureus*
  - ✓ *Streptococcus pyogenes*



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# Causes

- Causes including **skin trauma** such as **laceration or insect bites**, spread from focal ocular or periocular infection such as an
  - ✓ **Acute hordeolum,**
  - ✓ **Dacryocystitis,**
  - ✓ **Conjunctivitis or Sinusitis, and**
  - ✓ **Haematogenous** spread from remote infection such as the upper respiratory tract or middle ear.



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# Diagnosis

- The condition manifests with a **swollen, often firm, tender red eyelid** that may be very severe.
- Orbital cellulitis, proptosis and chemosis are **absent**
- Visual acuity, pupillary reactions and ocular motility are **unimpaired.**



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# Treatment

- Treatment is with
  - ✓ Oral antibiotics such as **co-amoxiclav 250–500 mg/125 mg 2–3 times daily or 875/125 mg twice daily**, depending on severity.
  - ✓ Severe infection may require **intravenous antibiotics**.
  - ✓ The patient's **tetanus** status should be ascertained in cases following **trauma**.