

UNUSUAL COMPLICATION OF A CHALAZION*

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PURULENT tenonitis is an uncommon entity and as a complication of a chalazion is extremely rare. No other case has been traced in the literature.

Case Report

A labourer, aged 21 years, came to the Casualty Department on May 16, 1962, with an infected chalazion which had troubled him for approximately a week. It involved the medial third of the right lower eyelid. At this first attendance there was some injection of the adjoining bulbar conjunctiva, that is, over the insertion of the medial rectus. He was treated with chloramphenicol ointment and hot bathing four times a day and systemic Broxil 250 mg. four times a day. He was supervised as an out-patient for 3 days, during which time the chalazion pointed on to the tarsal surface, but the eye became more painful and the bulbar conjunctiva became grossly injected and chemosed, more particularly over the insertion of the medial rectus.

On May 19, 1962, the eye was slightly proptosed, and showed some reduction in ocular movements, chiefly medially. The patient was pale and sweating and in considerable pain and with a fever of 100°F. A diagnosis of purulent tenonitis was made and he was admitted to hospital. The systemic antibiotic was changed to tetracycline 250 mg. six-hourly and the local treatment to tetracycline ointment and hot bathing. The following morning he felt "something burst" in the right eye and the pain abated. The dressing was found to be soaked with thick yellow pus which was seen to be coming from a site on the bulbar conjunctiva over the insertion of the superior rectus. This was obviously the site of pointing of an abscess in Tenon's capsule. A pure growth of *Staphylococcus* was cultured. During the following week the condition very quickly improved. The patient left hospital, and was finally seen 10 days later in the out-patients' Department and discharged as symptom-free.

The visual acuity on first attending was 6/18 in the right eye and 6/5 in the left. This could be corrected on the day of admission to 6/6 in the right eye with +1 D sph. This did not change while he was under supervision and at no point did any abnormality of the anterior segment or fundus appear.

The progress of disease in this case accords well with the description given by Duke-Elder (1952), particularly in that the site of entry of infection and of maximal chemosis did not correspond with the site of eventual pointing, which was close to the insertion of the superior rectus. It is interesting also, in that there was no involvement of the globe or deterioration of the visual acuity which are reported as being frequent complications.

I am indebted to Dr. S. B. Smith for his interest and permission to report this case.

REFERENCE

DUKE-ELDER, S. (1952). "Text-book of Ophthalmology", vol. 5, p. 5439. Kimpton, London.

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