Periorbital necrotising fasciitis

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Periorbital necrotising fasciitis is an uncommon suppurative condition seen following trauma or in debilitated patients and frequently requires extensive debridement. The basic pathological process is a cellulitis followed by suppuration and necrosis of the subcutaneous tissues and spread along the fascial planes of the submucosal aponeurotic system. The most frequently responsible pathogenic organism is the group A β haemolytic Streptococcus although other pathogens have been implicated. A case in a previously healthy man which resolved on antibiotic and steroid therapy is presented.

Case report

A 78-year-old man presented with a 24 hour history of acute periorbital swelling associated with severe pain. He had had an immediately preceding febrile illness and felt unwell with episodes of rigor and sweating. There was no previous ophthalmic or medical history of note.

On examination he had a mild pyrexia, periorbital oedema with discharge from both eyes and was admitted with a provisional diagnosis of bilateral preseptal cellulitis. After conjunctival swabs and blood cultures he was started on intravenous doses of flucloxacillin and ampicillin. Over the next 48 hours the periorbital swelling worsened with ulceration and soft tissue necrosis, a purpuric rash thought to be due to a secondary immune vasculitis developed over the dorsum of both feet and ankles (Figs 1, 2), and he became neutropenic with a white cell count of 2.2×10⁹/l. Prednisolone was commenced at 60 mg/day.

He was transferred to the eye unit and further tests showed an erythrocyte sedimentation rate of 70 mm/hour, with protein electrophoresis showing a polyclonal increase in gammaglobulins. Other investigations including radiography (and later computed tomography) of the sinuses and orbit, an autoimmune screen, and creatine kinase levels were within normal limits. A subsequent full blood count showed a partial resolution of the neutropenia and his general condition started to improve, his rash settled, and the periorbital swelling and necrosis began to subside. Ampicillin was replaced by penicillin after cultures grew group A β haemolytic Streptococcus and Staphylococcus aureus, and after 1 week his prednisolone was slowly decreased and tapered down over 4 weeks.

His antibiotics were continued and the necrotic crust on the right upper lid sloughed away at 4 weeks (Fig 3) with the left 2 weeks later. Raw areas healed by secondary intention and at 10 weeks he had minimal scarring, good lid closure, no trichiasis, and only slight thickening of the upper epicanthic folds (Fig 4).

Comment

There have been 19 reported cases, including one fatal case, of periorbital necrotising fasciitis and these cases have usually been seen in associa-
Ocular complications associated with bungee jumping

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Ocular complications associated with bungee jumping

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Bungee jumping originated in the islands of the South Pacific as a means of initiating young males into the realms of manhood. A length of vine was attached to their legs, but today this is replaced with a bungee rope. The sport is increasing in popularity with a wide range of age groups taking part. It is reported to be dangerous, with lethal accidents caused by miscalculations of the extent to which the rope will stretch, and in one case, a jumper who forgot to attach his...