

المؤتمر السنوي الدولي للجمعية الرمحية المصرية  
INTERNATIONAL CONGRESS OF THE

EGYPTIAN OPHTHALMOLOGICAL SOCIETY

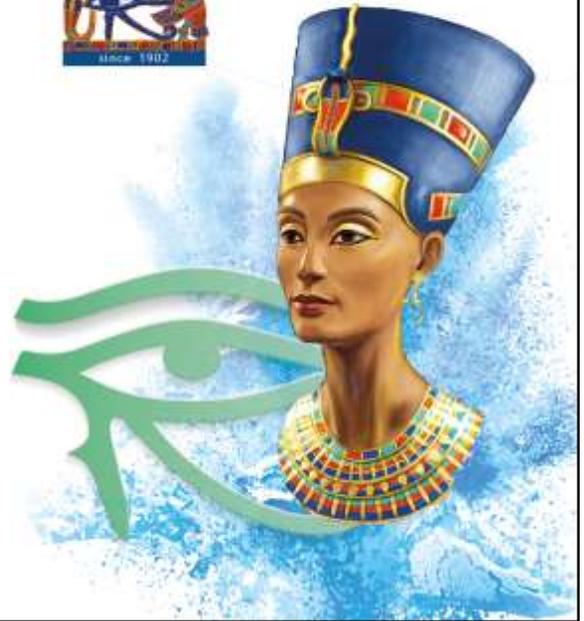
**EOS 2023**



**“It is not always that  
simple”**

Done by :

**Mohamed Sherif Ahmed**  
Ophthalmology Resident  
Tanta University Hospitals



**Case Study**





## Patient Visit



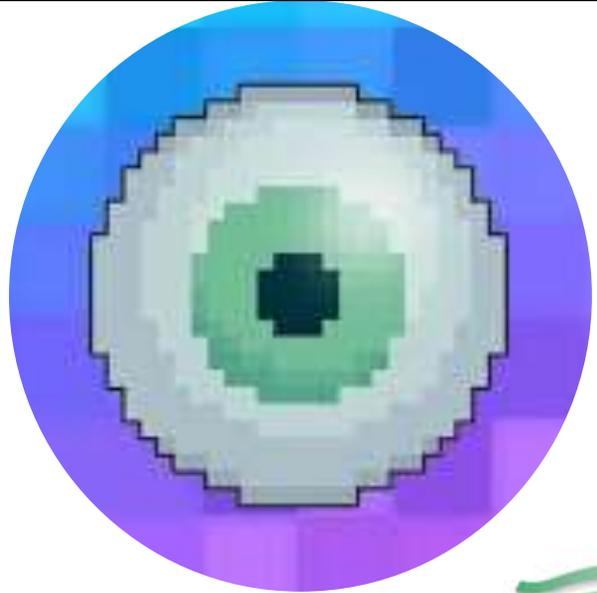
### Mother's Complaint

- Female child aged 4 years old came to us with severe rapidly progressive eye swelling over just one days.



## Past Ocular History :

No prior eye surgeries, trauma or strabismus.



EOS2023



## Medical History :

- Negative.



EOS2023





## Surgical History :

- Negative

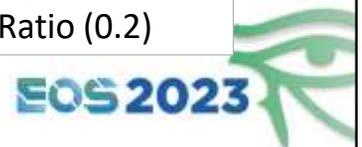


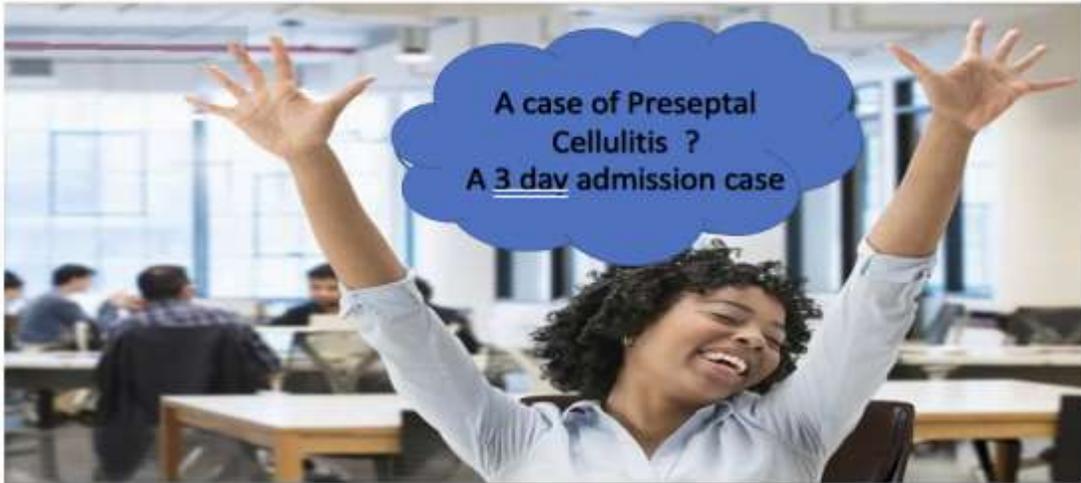


## Ocular Examination



<b>Lids and Lashes</b>	Lower Eye Lid edema OS (Hot , tender, erythema), Normal OD
<b>Conjunctiva/ Sclera</b>	NAD OU
<b>Cornea</b>	Clear Cornea OU
<b>Anterior Chamber</b>	Normal Depth with No abnormal Content OU
<b>Pupil</b>	RRR OU
<b>Motility</b>	Normal Motility in all directions OU
<b>Fundus examination</b>	Dilation not performed , examination through undilated pupil showed Normal healthy Optic disc with Healthy Macula and Normal CD Ratio (0.2)





## Ophthalmology Resident



## Management



- Systemic IV antibiotics (Against Gram +ve , Gram -ve , anaerobes )

- IV Fluids

- Hot Fomentation



EOS2023 



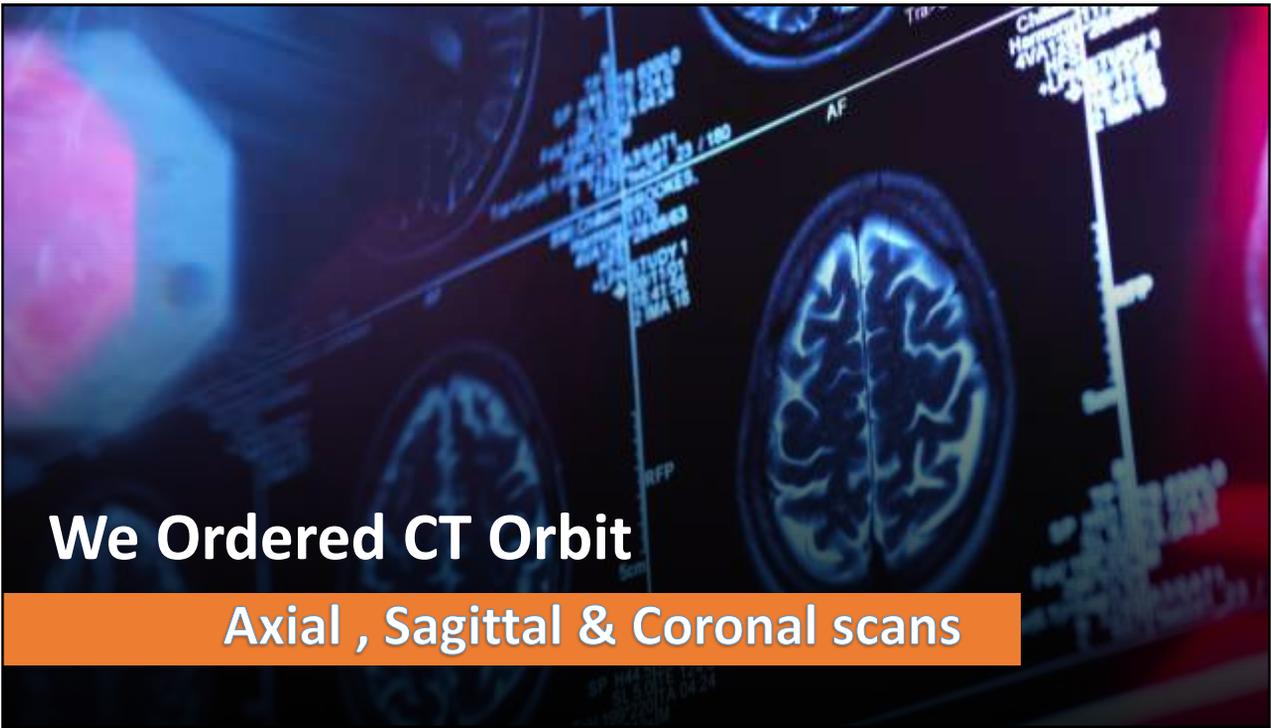
EOS2023 



### **Differential Diagnosis for causes of progressing Preseptal cellulitis**

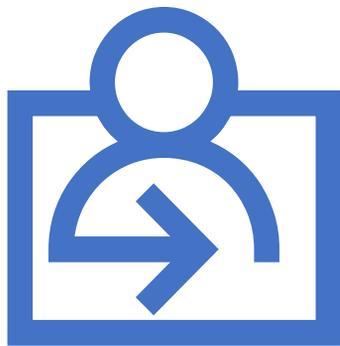
- Sub-periosteal abscess
- Complicated Sinusitis
- Hidden Source of infection  
(Dental infection)





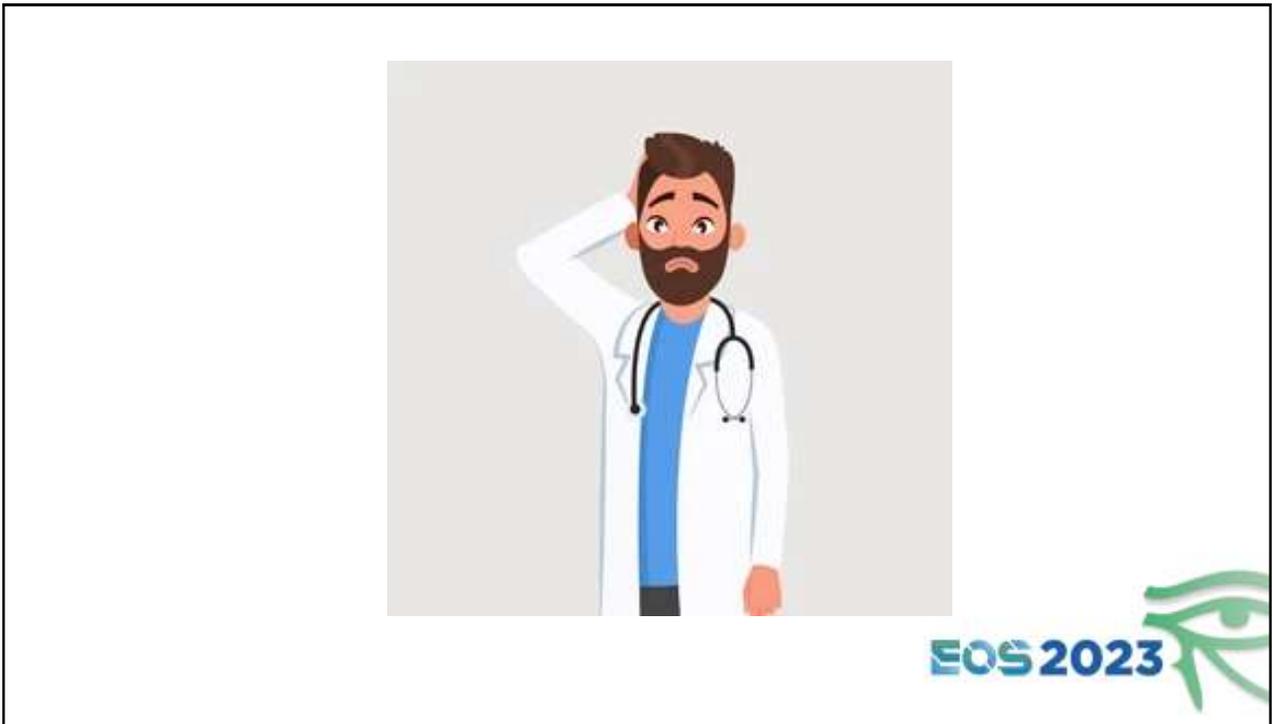
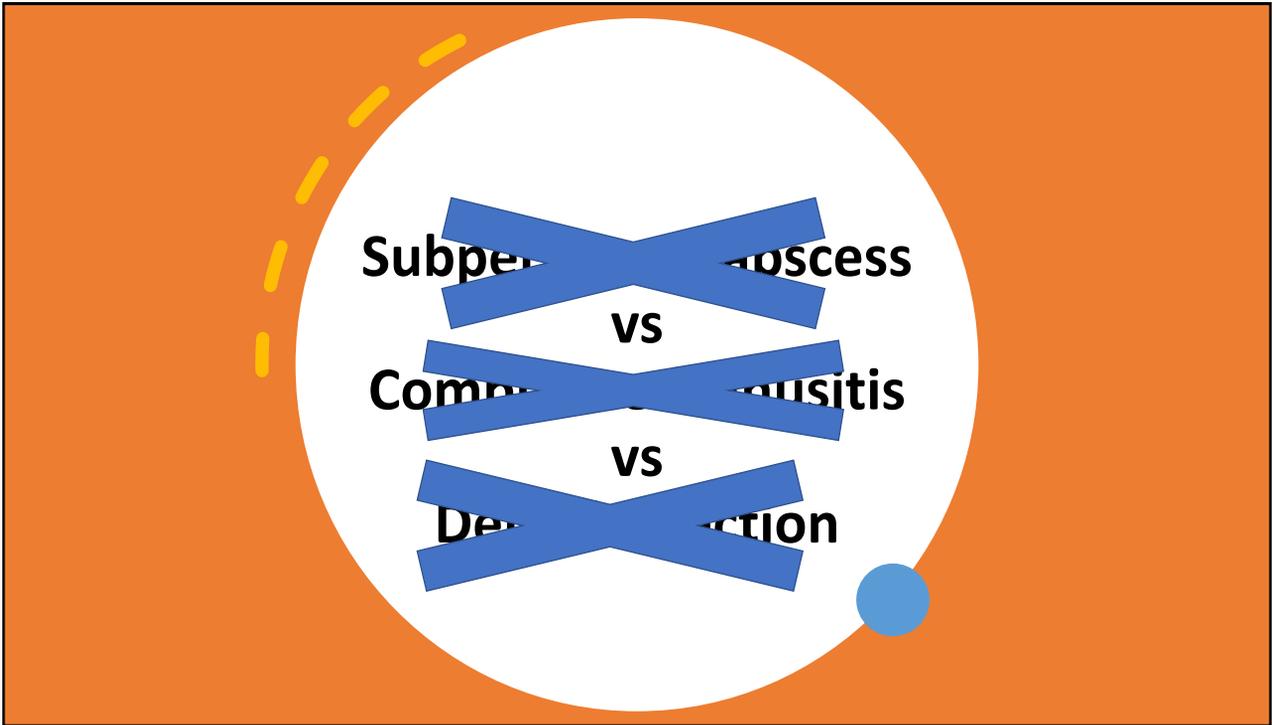


## Just in the Preseptal Plane



## ENT & Dental Consultation

- No Dental caries.
- No complicated Sinusitis





# Laboratory investigation & Vital Signs



**EOS 2023**

Test	Result	Unit	Normal Range
<b>HAEMATOLOGICAL TESTS</b>			
<b>Complete Blood Count</b>			
Haemoglobin	9.6	gm/dl	11.5 - 14.5
Haematocrit -HCT	28	%	33 - 43
RBCs Count	3.72	Millions/Cmm	4.0 - 5.3
MCV	75.27	fL	72 - 90
MCH	25.81	pg	25 - 31
MCHC	34.29	%	32 - 36
RDW-CV	12.3	%	11.5 - 15
Platelets Count	188,000	Cmm	150,000 - 400,000
WBCs Count	10200	Cmm	4000 - 12000
Neutrophils - Staff%	7	%	0 - 5
Neutrophils - Segmented %	79	%	25 - 55
Lymphocytes%	6	%	25 - 55
	5	%	2 - 5

EOS2023



Test	Result	Unit	Normal Range
<b>AUTOIMMUNITY TESTS</b>			
C-reactive protein Quantitativ	Positive(90)	mg/l	Less than 5
Approved By DR.Nada alsharkaw			
<b>HAEMATOLOGICAL TESTS</b>			
Test	Result	Unit	Normal Range
ESR			
ESR ( 1 Hour )	64	mm	0 - 7
ESR ( 2 Hour )	90	mm	7 - 14

EOS2023



Daily Measurement

BODY TEMPERATURE MEASUREMENT

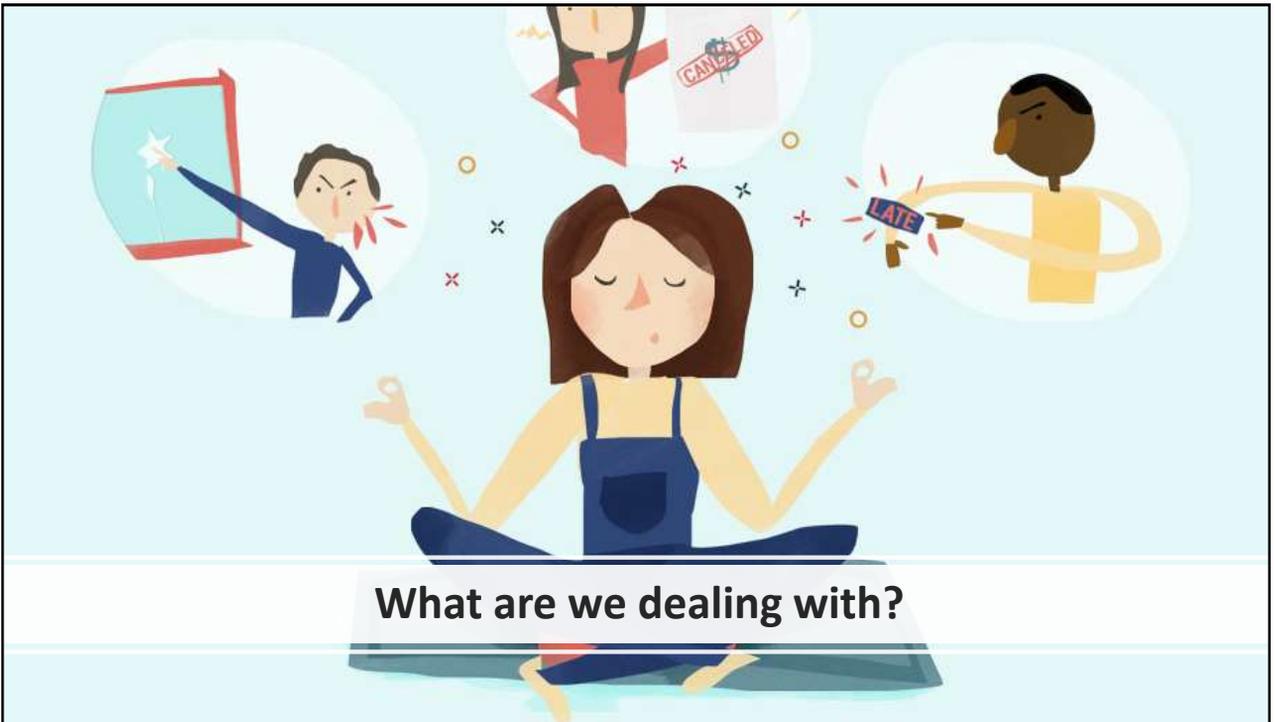
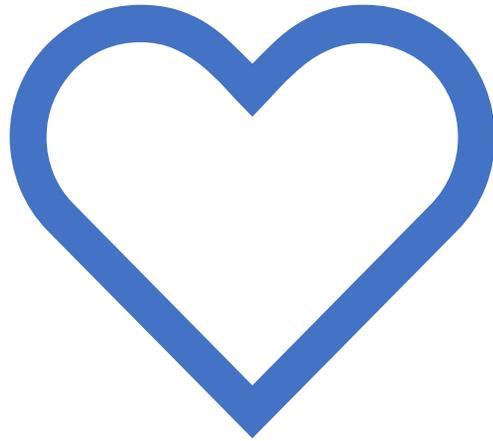
EOS 2023

dreamstime

39.6°C

Constantly Feverish > 39 degree

**Tachycardic over**  
**100 beat/min.**



**What are we dealing with?**

# Positive Data

A very Rapidly progressive spreading area of cellulitis

Poor response to antibiotics appropriate for Cellulitis

Extreme Local tenderness

Necrosis and crustations of the overlying skin.

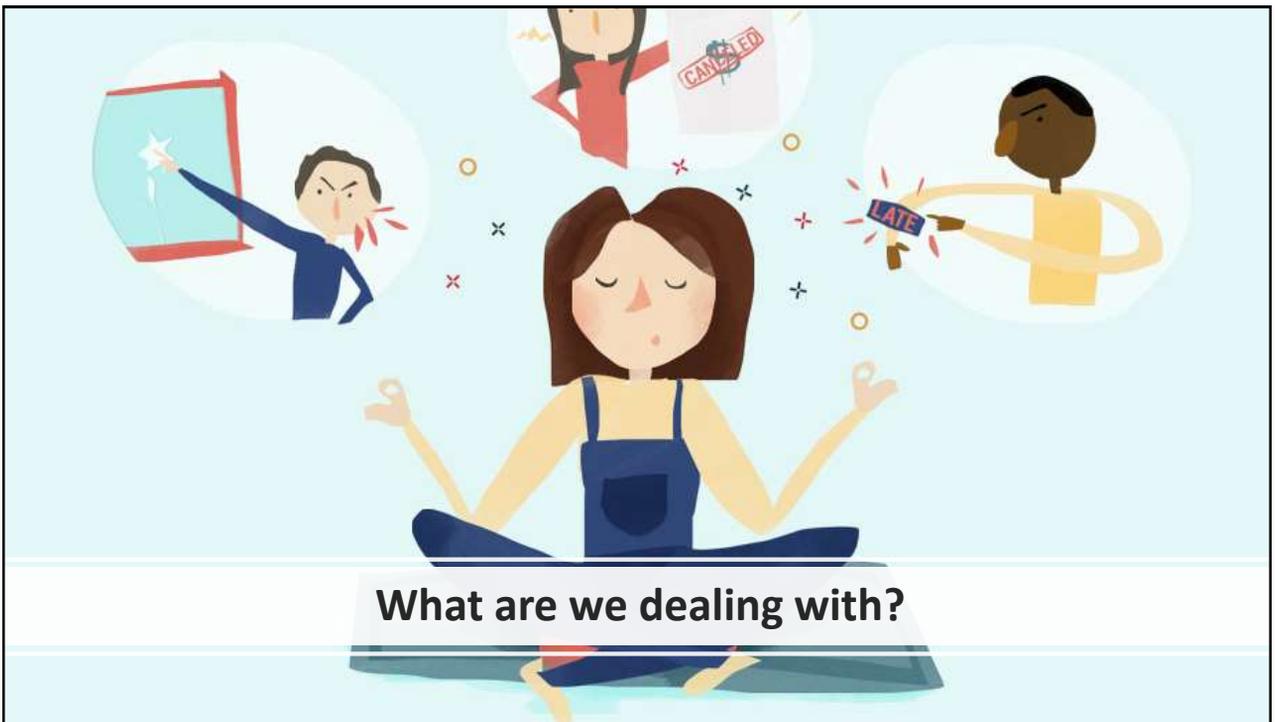
High Pyrexia (Constantly over 39 degree)

Anema ( Hb :9.6 mg%)

Leucocytosis

CRP : 96 mg/L , ESR : 90 mm

Tachycardia.



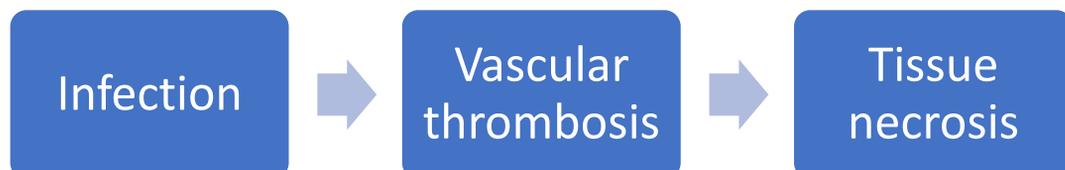
Perioribital

# Necrotizing Fasciitis



## Necrotizing Fasciitis

- It is defined as rapidly progressive necrotizing infection of the SC tissue and superficial fascia with 2ry necrosis of the overlying skin.



## Clinical Features :

Non specific Erythema

Toxic symptoms and fever

Necrosis & Cutaneous gangrene

Sloughing of skin & overlying suppuration

## LRINEC score

To distinguish the NF from other soft tissue infections, **Wong et al.** developed a novel diagnostic scoring system called LRINEC score.

Laboratory Risk Indicator for Necrotizing Fasciitis		
CRP (mg/dL)	<15	0
	≥15	4
WBC (per mm <sup>3</sup> )	<15	0
	15-25	1
	>25	2
Hemoglobin (g/dL)	>13.5	0
	11-13.5	1
	<11	2
Sodium (mEq/L)	≥135	0
	<135	2
Creatinine (mg/dL)	≤1.5	0
	>1.5	2
Glucose (mg/dL)	≤180	0
	>180	1
Composite Score	Score < 6	Low Risk
	Score 6-7	Intermediate
	Score ≥ 8	High Risk



# Management

---

## Surgical Debridement

is a must !!

---

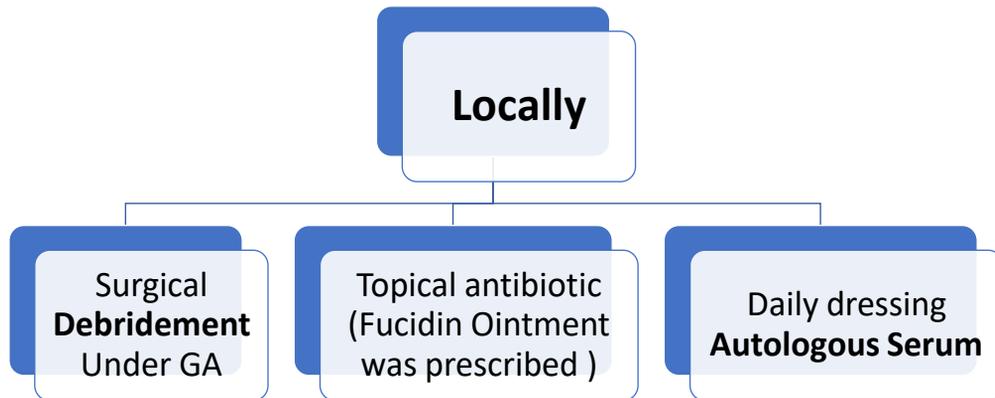




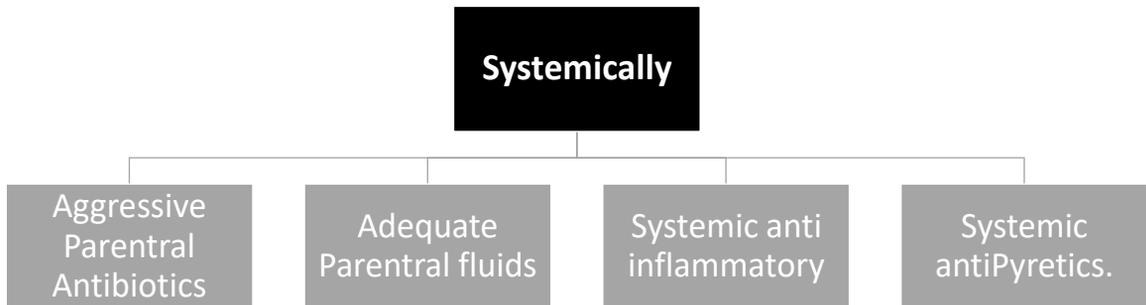
## Before & After Debridement



# Management



# Management





On Discharge  
(After two weeks )



## Incidence of Necrotizing fasciitis



In Adults is approximately  
**0.40 per 100,000** individuals.

In Children is approximately  
**0.08 per 100,000** individuals.

## Home Message

- Always exclude Serious atypical conditions before anticipating Straight forward cases
- Your Diagnosis may be wrong , but insisting on that may be fatal
- Surgical Debridement is a must on dealing with NF cases.
- Collaboration between Different departments is important in managing atypical cases.



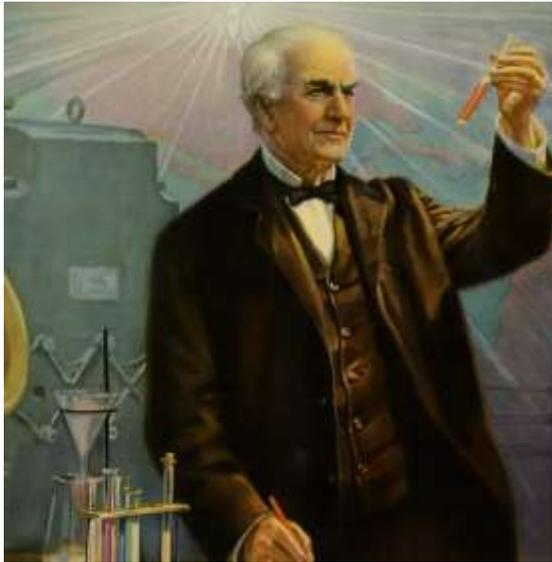
EOS2023



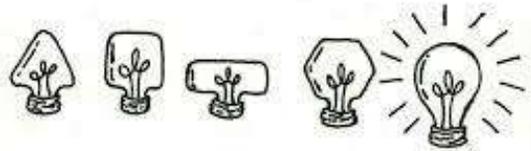
- Finally , Never be Sad when you make mistakes.

EOS2023





I have not FAILED.



I've just found 10,000 ways that WON'T WORK.

-Thomas A. Edison



**Done By**

Mohamed Sherif Ahmed  
Ophthalmology Resident

