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Orbital cellulitis in the elderly

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Introduction:

Orbital cellulitis is the infection of the ocular adnexal and orbital tissues. The main complication is visual loss associated especially with consultation delay.

Aim of the study:

The aim of this study is to precise the features of this pathology within older people.

Material and methods:

It's a retrospective study including all the patients, aged more than 65 years, hospitalised in the infectious diseases department for the treatment of an orbital cellulitis during a period of 10 years (January 2008 to December 2018).

Results:

- Total= 15 patients.
- Age=74,3 +/- 6,7 years.
- Sex ratio= 2.
- Three patients (20%) had history of skin infections. Three others were diabetics.
- Physical examination found eyelid erythema and oedema in 14 cases (93,3%).

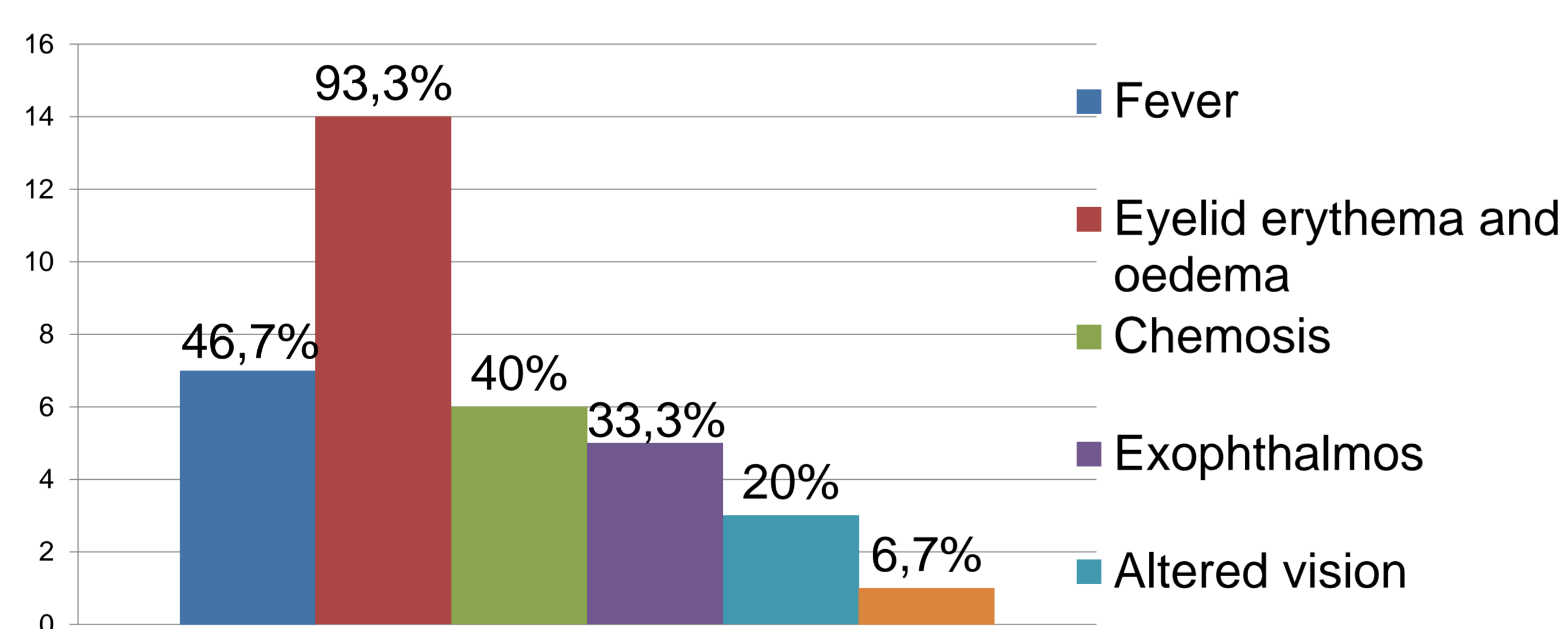


Fig. 1 : Physical examination findings.

Twelve patients (80%) had CT scans performed concluding to orbital cellulitis .

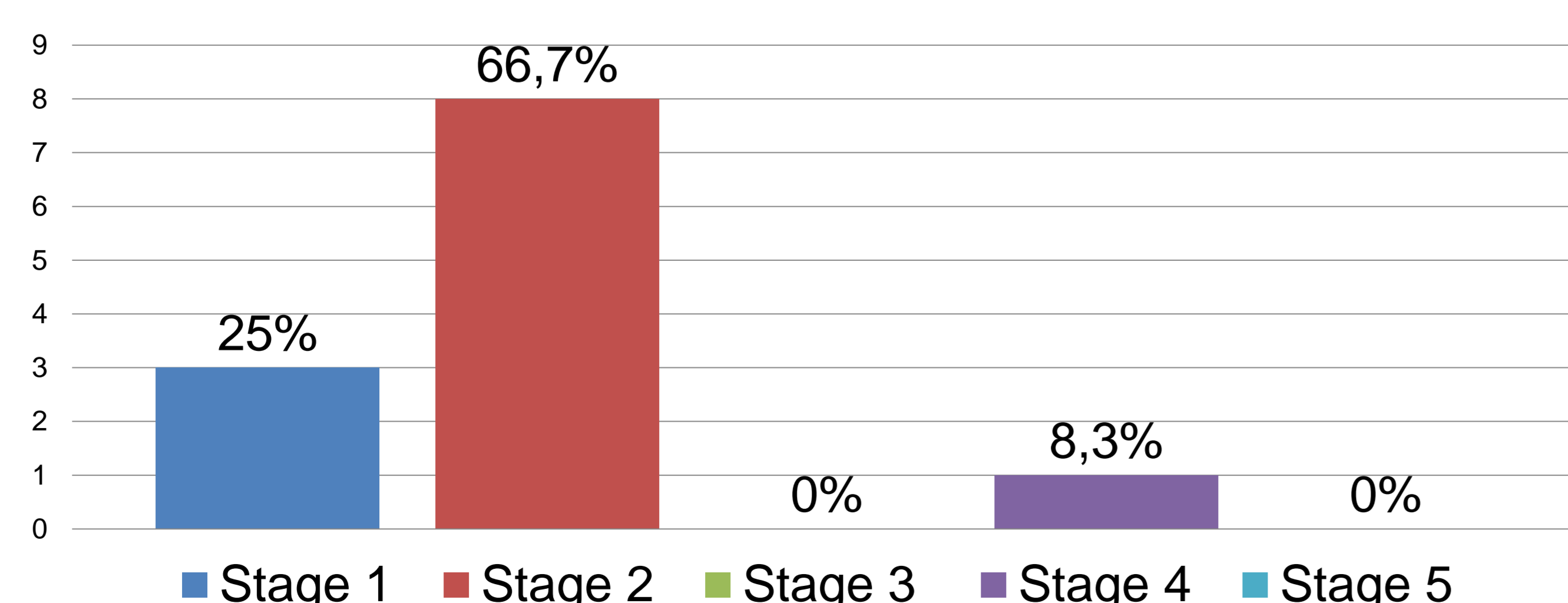


Fig. 2 : Distribution of patients according to Chandler's classification .

- Initially, all patients received intravenous (IV) antibiotic treatment. One molecule was judged sufficient in 3 cases (20%). The association of multiple antibiotics was prescribed in the rest of the cases (80%).

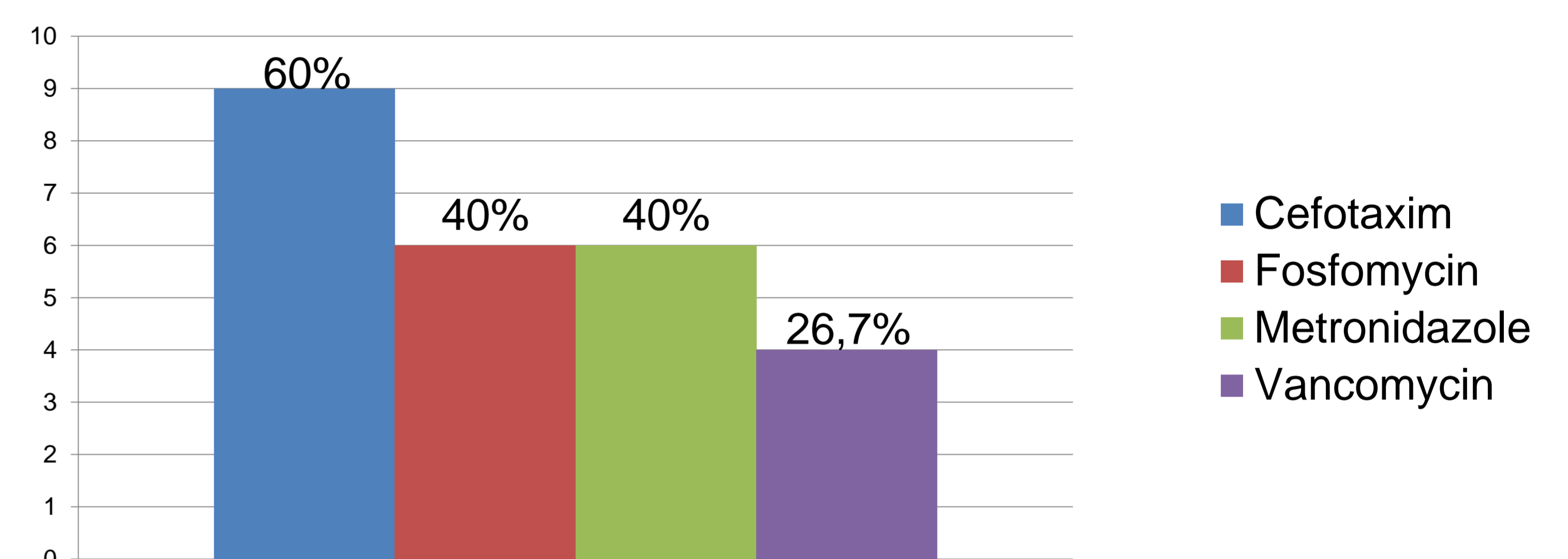


Fig. 3: Main antibiotics used to treat orbital cellulitis.

- The average duration of IV treatment was 21 days +/- 8,5 days.
- Oral relay was prescribed in 7 patients (46,7%) in order to decrease hospitalisation days.
- Total treatment duration was 25,7 days +/- 12 days.
- One patient underwent surgery to drain an orbital abscess.
- Three patients (20%) lost sight as an outcome of the infectious episode.

Discussion and conclusion:

- The diagnosis of orbital cellulitis is based on the association of clinical and radiological elements. Eyelid erythema and oedema are the most common signs found in our study.
- Chandler's classification contributes to the diagnosis and evaluates the extension of the lesions and therefore predicts unfavourable outcome.
- The management is based mainly on the association of intravenous antibiotics with the possibility of an oral relay.
- Despite early appropriate management, blindness could be inevitable in the course of the orbital infection.