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# Two Case Study

## Orbital Infarction



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#TwopCaseStudy

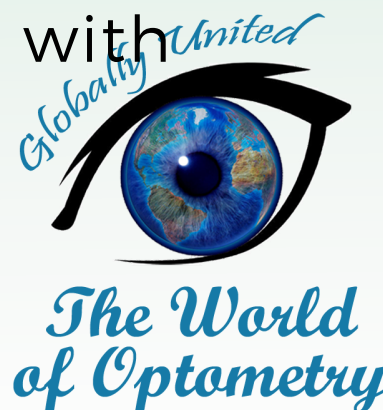
# Patient History

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**CHIEF COMPLAINTS:** 12 years old, Male, Swelling of Left Eye for 3 days now, No pain or discharge, No systemic diagnosis; fever, rash, fatigue or weight loss noted, Diminished vision on affected eye noticed before swelling.

**OCULAR HISTORY:** Known Sickle Cell Genetics in family under medication management, No trauma, bug bite, Chalazion previously noted, Previous swelling on Right Eye 2 years ago which disappeared after blood transfusion.

**PAST MEDICAL HISTORY:** Previously Diagnosed with pneumatization of the maxillary sinuses with expansive bone marrow consistent with his Sickle Cell Disease.



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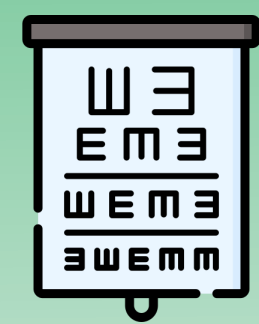
# Ocular Examination

## Visual Acuity (UNAIDED)

- OD 0.6
- OS 0.1

## IOP (GOLDMANN)

- 18mmHg
- 30mmHg



## Refractive error

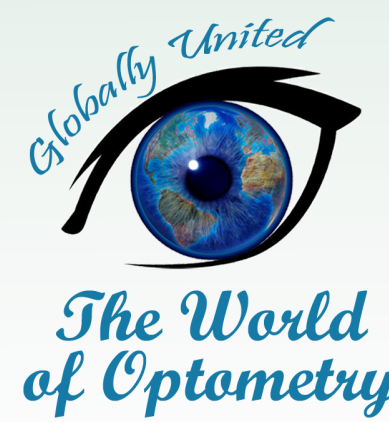
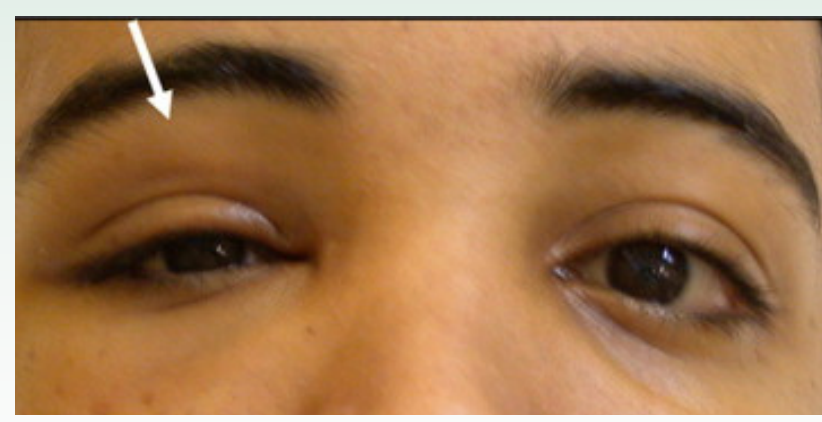
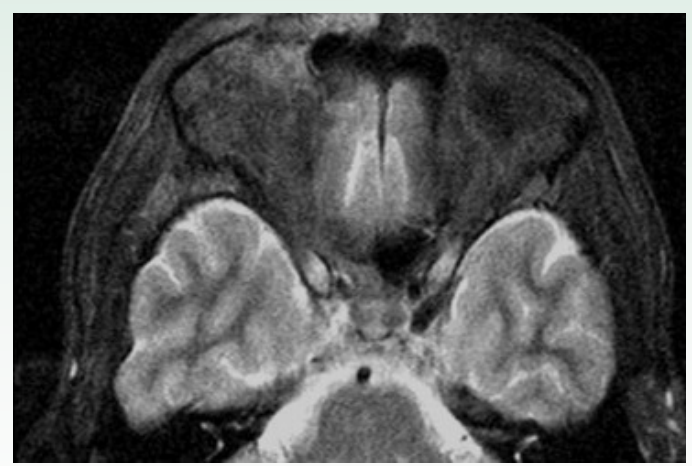
- OD +0.75/-1.25x125 0.9
- OE -7.00/-1.00x180 0.1

Pupils: ----RRR----

EOM: ----FULL----



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# Clinical Findings

## Fundus Evaluation

**OD:** Normal posterior display

**OE:** Shrunken vessels CDR; 0.2

**CT:** to rule out Orbital Cellulitis based on fluid collection with rim enhancement.



## Slit Lamp Findings

- Orbit: Normal Orbital display of Right Eye Mild Proptosis Left Eye with involuntary ptosis from swelling Difficulty opening eye without AidNo pulsation, tenderness, modularity or induration upon palpation
- Conjunctiva/Sclera: Mild conjunctival injection Chemosis in palpebral temporal bulbar conjunctiva
- Cornea: Clear OU, quiet Anterior chamber, active pupil.
- Lens: Clear lens.



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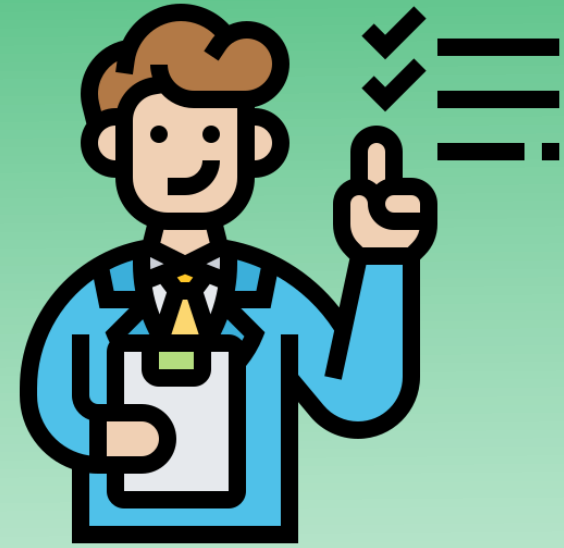
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DRAG TO THE SIDE  
DRAG TO THE SIDE

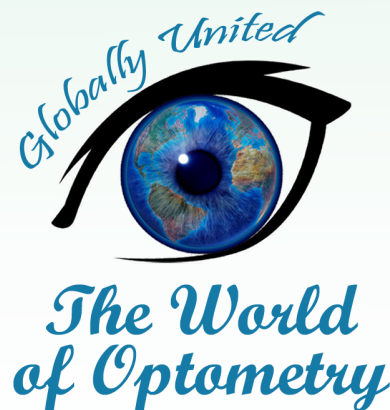
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# Diagnosis

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# ORBITAL INFARCTION



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# Management & TCA Review

- **Management**

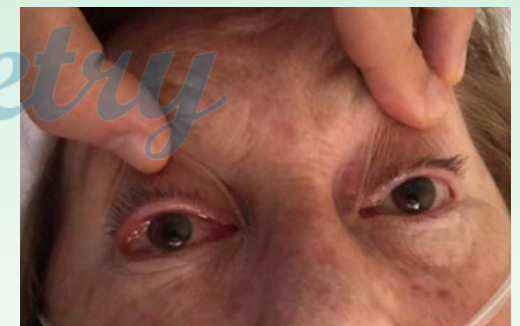
Patient was admitted for SCD management and after he had remained afebrile and symptoms improved after 3 days of fluid hydration and subsequent empiric antibiotics were given then discharged to come for recheck up after a month.

- **TCA Review**

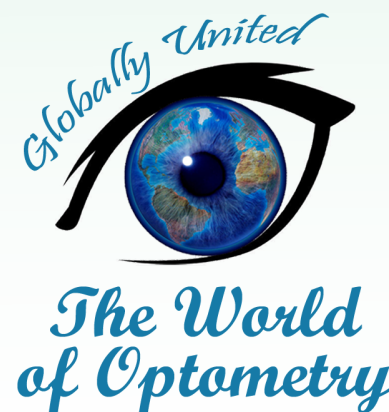
Swelling on Left eye had reduced but vision remained the same. Dispensed Rx

**OD** Plano/-1.25x125 VA 1.0

**OS** -7.00/-1.00x180 VA 0.7



Patient advised to continue SCD management clinic and come for reviews under Low Vision Prevention profilings to diminish prognosis caused by shrunken vessels at the fundus Since Vision is irreversible

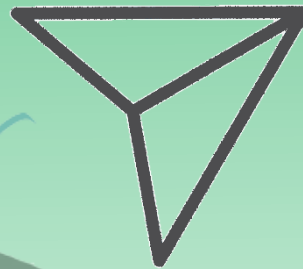




Wow, what a cool content



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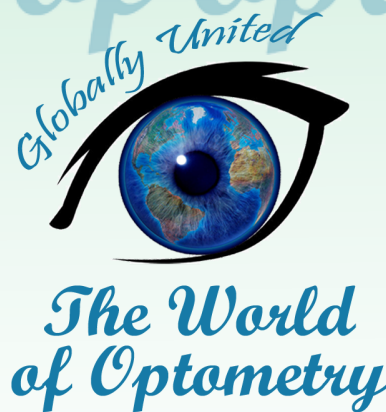


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