

A rare manifestation of orbital abscess in herpes zoster ophthalmicus

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ABSTRACT

Objective: To present a case with a rare manifestation of orbital abscess in Herpes Zoster Ophthalmicus. **Method:** a Case report. **Results:** This is a case of 58 years old gentleman with underlying hypothyroidism who presented with worsening painful right eye swelling preceded by a vesicular rash which started over the right forehead extending to the tip of the nose for 3 days duration. There was no associated fever, blurring of vision or double vision. On examination, visual acuity of both eyes was 6/9 with no RAPD. The Hutchinson sign was positive. There was a restriction of downgaze over the right eye. Other gazes were normal. There was no associated chemosis or proptosis. The IOP and fundus findings were normal. Left eye findings were unremarkable. The patient was admitted with a diagnosis of herpes zoster ophthalmicus with orbital cellulitis. Urgent CT scan showed right orbital cellulitis with possible small abscess superiorly. Following this, the patient was started on IV Ceftriaxone 1g daily, IV Metronidazole 500mg TDS and T.Acyclovir 800mg 5 times/day for 10 days. His condition improved and was discharged well. **Conclusion:** Patients with herpes zoster ophthalmicus may develop more severe manifestation of the disease such as orbital cellulitis and orbital abscess hence a high index of suspicion must be present and clinical signs need to be looked for carefully.

KEY WORDS:

Herpes zoster ophthalmicus, orbital cellulitis, orbital abscess

Reactivation of cytomegalovirus retinitis infection in immunosuppressed children

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ABSTRACT

Objective: To describe the ocular features of children with recurrent cytomegalovirus retinitis and their disease outcome with underlying acute lymphoblastic leukaemia. **Method:** a Case report. **Results:** This is a 16-year-old boy with underlying acute lymphoblastic leukaemia (ALL) and prolonged lymphopenia presented with short duration of progressively worsening reduction of vision in both eyes. Examination showed visual acuity on the right eye was 6/18 and 6/24 on the left eye. The optic nerve functions and anterior segment examination were unremarkable. However, posterior segment examination showed bilateral haemorrhagic retinitis with macula star. He was diagnosed with bilateral cytomegalovirus retinitis and was started with a course of intravitreal ganciclovir and subsequently recovered well. Despite the treatment given, he presented again one month later with almost similar symptoms and was then diagnosed as reactivation of CMV retinitis confined to the right eye. He was then readmitted and subjected to multiple injections of intravitreal ganciclovir on the right eye together with systemic treatment. He attained good vision after completed a few session of injections and was then discharged home. **Conclusion:** Viral infections are one of the under-recognized problem in children who is on standard chemotherapy for acute lymphoblastic leukaemia (ALL). A thorough evaluation of children at risk and prompt treatment of cytomegalovirus retinitis are important to prevent long-term visual morbidity. It has a good outcome with early detection and directed treatment and management.

KEY WORDS:

Cytomegalovirus retinitis, Reactivation, Acute lymphoblastic leukaemia