

Early vitrectomy in paediatric herpetic exogenous endophthalmitis: A case report

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ABSTRACT

Objective: We report a patient with herpetic keratitis with exogenous endophthalmitis who underwent pars plana vitrectomy. **Results:** A 7-month old male was treated as left eye endophthalmitis at a tertiary hospital and referred for continuation of management. He had left eye corneal opacity for 2 days with preceding fever, cough, runny nose, vomiting for 1 week. His condition did not improve despite being given intravitreal antibiotics and anterior chamber washout. He had reduction in left eye corneal sensation, epithelial defect, stromal infiltrate, endothelial plaque, hypopyon, posterior synechiae, high intraocular pressure and white cataract. B-scan showed evidence of loculation. Right eye examination was normal. Systemic examination was unremarkable. A diagnosis of viral keratitis likely herpetic with exogenous endophthalmitis was made based on clinical findings. Initial vitreous culture resulted in growth of *Streptococcus pneumoniae*. Subsequent vitreous cultures, blood and urine cultures were negative. He underwent left eye anterior chamber washout, lensectomy, pars plana vitrectomy, endolaser, silicone oil, intracameral ceftazidime, vancomycin and dexamethasone. Intraoperatively, there was thick pus in the vitreous with multiple patches of necrotising retinitis with retinal hole. His condition improved with resolution of epithelial defect, infiltrate, endotheliitis and retinitis with residual corneal scar. A secondary intraocular lens implantation was scheduled once infection resolved. **Conclusion:** We should have a high index of suspicion for viral causes of endophthalmitis in paediatric age group especially if not responding to treatment and clinical signs of viral keratitis are present. Early pars plana vitrectomy is important to prevent further complications of endophthalmitis leading to poor visual outcome.

KEY WORDS:

Herpetic keratitis, endophthalmitis, pars plana vitrectomy

Ectopic lacrimal gland with orbital involvement

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ABSTRACT

Objective: To report a very unusual case of ectopic lacrimal gland with orbital involvement and to discuss the assessment, diagnosis and management of this patient. **Method:** Case Report. **Results:** A 15-year-old girl presented with frequent left eye pain and associated symptoms of left eye redness and headache since young. Her symptoms worsened recently with increasing eye pain. Otherwise, her past medical and family history was insignificant. On ocular examination, her best-corrected visual acuity for both eyes was 6/6. There was no relative afferent pupillary defect (RAPD). Significant findings over the affected eye were restricted movement on lateral, superior and inferior gaze in addition to circular subconjunctival haemorrhage over the nasal segment. Otherwise, examination over anterior segment, intraocular pressure and fundus were unremarkable bilaterally. Systemic examination was insignificant too. Magnetic resonance imaging (MRI) of the orbit revealed a well-defined lobulated intraconal lesion measuring 2.0x1.1cm, within the left orbit, located between optic nerve and lateral rectus muscle. She underwent left orbital mass excisional biopsy via left orbitotomy. Intraoperative findings were left intraconal and extraconal mass, adhered to lateral rectus. Histopathology examination (HPE) depicted ectopic lacrimal gland with hyperplasia and mild inflammation. **Conclusion:** The most common sites of ectopic lacrimal gland are the bulbar conjunctiva and the limbal area. Ectopic lacrimal gland tissue with orbital involvement is so unusual that only a handful of cases have been reported so far. The diagnosis is rarely made on clinical grounds alone and rest on the histopathological studies.

KEY WORDS:

Ectopic lacrimal gland, orbit, orbitotomy, orbital mass