



The Corner

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10. Eye swelling in de ED

Doctor F: Good morning, my name is Doctor F, I'm the resident who's on call today. How can I help you?

Mother: Hi, this is Ben, he is 6 months old. This morning I left him in day care as usual, and his teacher called me saying that he was fussy and that I had to bring him in to rule out a pink eye.

Doctor F: Was Ben acting normal this morning? Was he more fussy than usual, cough or congestion, eating well, any fever? Is anyone sick at home?

Mother: He was OK. Maybe a bit congested, and yesterday he was spitting up more than usual, but that's it. When I picked him up from day care he seemed all right, except for the redness of the right eye, which seems to have worsened on our way here. At home it's just my husband and I, and we are both OK.

Doctor F: Give me one second, I'm going to talk the case over with my colleague and I will be right back.

Doctor F: Hey Doctor C I just saw a kid in room 3, and I would like you opinion. He is a 6 moth old baby, previously healthy with his vaccines up to date, who presented with swelling and redness of the right eye which has progressed in the last hours, now he can barely open his eye. Before this morning, per mum, he was asymptomatic except for mild congestion. No fever at home but here he spiked 39 C in the ED. On exam he shows eyelid swelling and erythema, minimally tender to palpation without induration or warmth. He has right lid ptosis but is able to open eyelid about 1/3. EOM are intact without chemosis or proptosis. There is no apparent pain with EOM, but it's difficult to tell because of the patient's age. He has bilateral eye injection without discharge. He also has mild rhinorrhea, while pharynx and tympanic membranes look normal. The rest of the exam is unremarkable. I was planning on drawing blood and deciding on admission based on the CBCs and PCR, what do you think?

Doctor C: Let's go and take a look at the patient. Hi I'm Doctor C, I'm the attending on call and I'm going to examine Ben, if that's ok.

Mother: Yes, no problem. Do you think he's going to have to stay overnight?

Doctor C: After examining him and after listening to the patient's history, he seems to have pre-septal cellulitis. This is an infection of the periorbital region which has most likely progressed from his initial conjunctivitis. The ideal treatment for this condition, specially taking into account the patients age and rapid progression, is IV antibiotics, so yes he will need to be admitted. Doctor F, I agree with you, before starting antibiotics let's draw blood and get a blood culture, CBCs and inflammatory markers to have baseline values and be able to monitor evolution labwise.

KEY WORDS:

Day care: guardería.

Rule out a pink eye: descartar conjuntivitis (coloquial).

Spitting up more than usual: regurgita más de lo normal (coloquial).

Barely: apenas.

Eyelid swelling: inflamación del párpado.

Minimally tender to palpation: mínimamente doloroso a la palpación.

EOM: External Ocular movements: movimientos oculares externos.

Discharge: secreción.

Drawing blood: sacar sangre.

CBCs: complete blood count: hemograma.

Attending: adjunto.

Baseline values: valores basales.



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