



03/10/21 Morning Report with @CPSolvers



Case Presenter: Gabriel Talledo (@gabrielalledo) Case Discussants: James Plumb and Ravi Patel

CC: Orbital swelling

HPI: 15 M p/w swelling in R orbital region.
2 months ago - R orbital swelling → 1 month later L scapular swelling
Ophthalmology consult: R eyelid abscess drained (Gram stain + cocci, negative cultures) , Tx Doxycycline--suppuration of eyelid and scapular region did not improve.
Pt is a soccer player, though did not report any unusual trauma.

PMH:
Hepatitis - Dx 4 yrs of age

Chickenpox 1 month ago

Asthma Tx Albuterol

Fam Hx:
Not significant

Soc Hx:
Born and lives in Lima, Peru
Soccer player

Health-Related Behaviors:
None

Allergies:
None

Vitals: T: 37 C HR: 110 BP: RR: 18 SpO₂: 99%

Exam:
Gen: Active, looks well
HEENT: Erythematous lesions in eyelid w/ suppuration, cervical LAD 3cm
CV: S1, S2 + no murmurs/rubs/gallops
Pulm: normal vesicular breath sounds
Abd: No tenderness, palpable organomegaly
Neuro: No focal deficits
Extremities/Skin: Swelling over L medial malleolus (suggestive of cold abscess), erythema and suppuration over scapular region

Notable Labs & Imaging:
Hematology:
WBC: 9700 (seg N 74%, L 21%, eos 1%) Hgb: 12 Pt: 700,000
ESR 30 HIV ELISA -ve Brucella serology -ve Culture: Staph cultures -ve, cocci in powder (S. epidermidis contamination?)
Chemistry:
Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag: AST: ALT: Alk-P: T. Bili: Albumin:
Imaging:
CXR: Apical consolidation in R lung
CT: same as CXR
Scintigraphy: pathological uptake in the R superciliary arch, left scapula, right ilium and left malleolus
GeneXpert (sputum): + MTB, AFB in abscesses

Dx: Miliary tuberculosis

Problem Representation: 15 year old male w/ recent h/o VZV infection p/w multiple subacute superficial abscesses, cervical lymphadenopathy, apical lung consolidation and multiple areas of increased uptake on skeletal scintigraphy.

Teaching Points (Gabi Pucci):

- Evaluation of **orbital swelling:**
 - Important factors to analyze: unilateral X bilateral, etiologies, time course
 - Etiologies: vascular, infections, inflammatory, tumors, trauma
 - For infections: determine the localization (preseptal and postseptal). Preseptal or periorbital (skin -> inside) causes are Staph/Strep. Postseptal or orbital is caused by an infection that develops from the inside to the outside
 - Important inflammatory condition: idiopathic orbital inflammation
- Remember that **systemic/diffuse problems** can present first unilateral and then bilateral. Eg: nephrotic syndrome (periorbital region) and Graves can be unilateral initially
- Causes for **treatment resistant** for an abscess: wrong treatment / wrong bacteria / underlying condition causing recurrent symptoms (eg. immunodeficiency)
- **Negative cultures:** funghi, mycobacteria. Also think about viruses in some cases (more localized lesions)
- Upper lung lesion + endemic setting + systemic symptoms: think about TB!
- Systemic skin infections: more common due to skin pathogens in a susceptible patient
- Lung and skin / CNS and skin / Lung and CNS: think about Nocardia (usually immunocompromised patients)
- **Chickenpox can cause transient immunosuppression that can predispose to infections**