GUIDELINES FOR THE MANAGEMENT OF ORBIAL AND PERIORBITAL CELLULITIS

1. Periorbital/Preseptal Cellulitis

Common
Majority < 5 years

Definition
Infection anterior to the orbital septum

Aetiology
Lid infection, e.g. cyst
Lid trauma
Associated with URTI/sinusitis

Organisms
Streptococcus (Pneumoniae & Group A)
Staphylococcus
Haemophilus

Complications
Orbital cellulites/Disseminated Bacteraemia

Presentation
Lid oedema (unilateral in 95%)
Erythema
Purulent exudates (20%)
+/- Fever (75%)
+/- Closure precluding examination of the eye

Must have
Normal vision
Normal eye movements
No proptosis

Management
Outpatient management if: well > 5 years
Oral Cefixime and Flucloxacillin (10 days) or other Cephalosporins
Admit if: systemically unwell
< 5 years of age
Bloods FBC, CRP, Blood cultures

IV Antibiotics Regime
*Ceftriaxone + Flucloxacillin*

- Please see the Trust antibiotic guidelines

Eye toilet
Analgesia
Non-urgent referral to ophthalmologist

If symptoms persist add Metronidazole (day 3)
Refer to Ophthalmologist

Discharge
Oral Flucloxacillin/Cefixime for 10 days treatment

Follow-up
Paediatrics 24 hours and daily until signs of resolution
Ophthalmology within one week if not already assessed on ward
2. Orbital Cellulitis

Uncommon (commoner in children under five years)

Definition  Infection posterior to the orbital septum
Aetiology  Sinusitis (ethmoid) – majority
             Orbital trauma
Organism  Staphylococcus (commonest)
             Streptococcus
             Haemophilus
             E.Coli (rare)
             Fungus (rare)

Complications  Meningitis  Subdural collection
              Septicaemia  Cavernous sinus thrombosis
              Optic nerve compression and visual loss
              Death

Presentation  Lif oedema  Ophthalmoplegia
             Red painful eye  Conjunctival chemosis
             Unwell/febrile/toxic  Reduced colour vision
             Proptosis  Papilloedema

Management  Admit all children
             Bloods FBC CRP BC
             Intravenous antibiotics  Ceftriaxone + Flucloxacillin
             Treat with IV antibiotics for 48 hours or until clinical improvement and
             afebrile
             Analgesia
             Refer to ophthalmology on call +/- urgent orbital CT

If symptoms persist Consider ENT referral for drainage of infected sinus
             Add Metronidazole
             Low threshold for LP  < 12 months
             Systemically unwell
             Drowsiness/headache/vomiting

Monitor  Vision
         Eye movements
         Pupils
         Temperature

Discharge treatment  Oral-Flucloxacillin and Cefixime for ten days)depends on
                    response
                    IV – Ceftriaxone and oral Flucloxacillin  } min 48 hours IV

Follow-up  Paediatric daily until signs of resolution and at end of Rx
          Ophthalmology

Protocol ratified by: ............................................................ Dated: ........................................