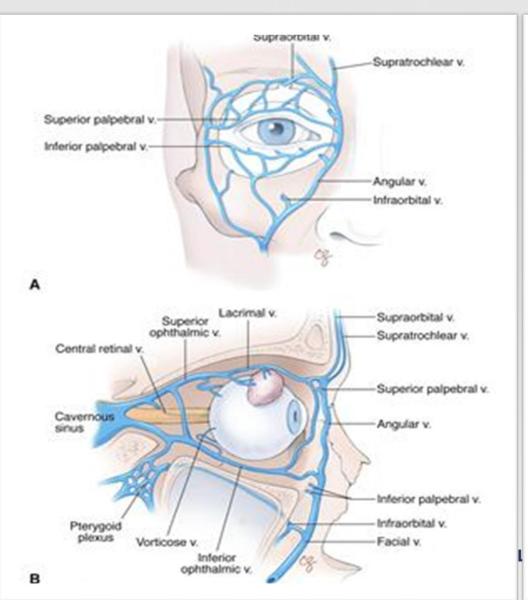


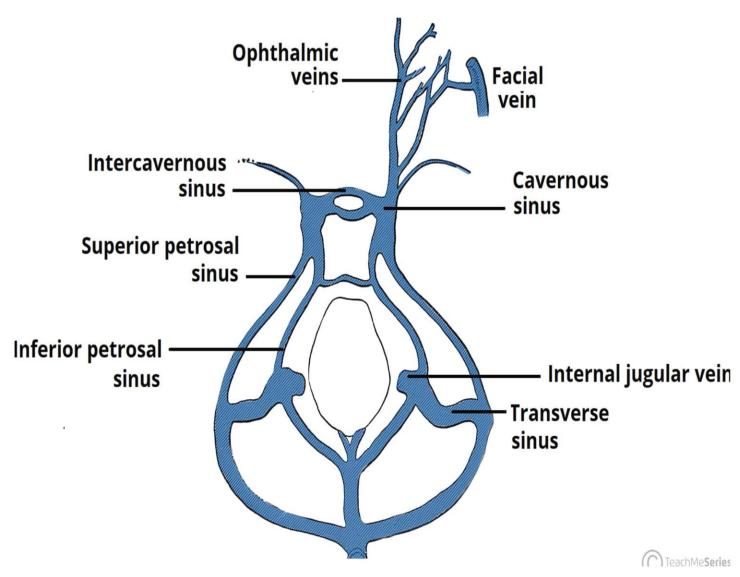
Superior ophthalmic vein thrombosis – Case report

Ahmed Elsaadawy
GP ST1



Anatomy





Our patient

<u>Age: <10 years.</u>

Gender: Male

Allergies: None

Ethnicity: Caucasian



Previously treated **Exotropia**. **ADHD**.

NO diabetes mellitus, family history of vascular or blood diseases, etc...

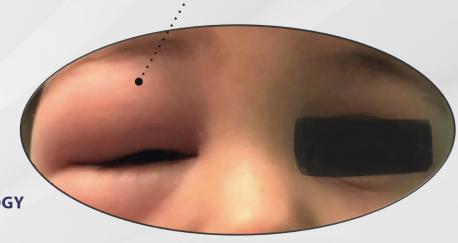
Presentation to A&E

- Low grade fever & Headache.
- URTI symptoms (runny nose, tiredness).
- Minor injury to the face near the eyelids → This was considered as cause for the minimal eyelids swelling.
- Discharged with safety netting advice.

Next day:

- Persisting above symptoms, with:
- Worsening eyelids swelling & tenderness in medial canthus.
- No visual impairment or neurology detected.

Eyelids inflammation & swelling.



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Diagnosis

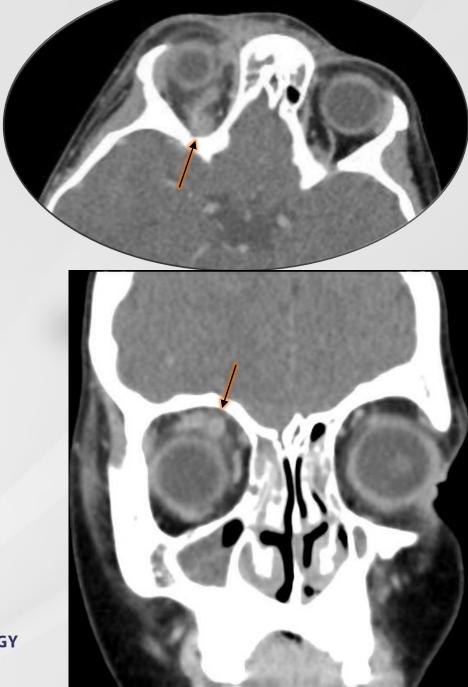
Despite admission and IV antibiotics, No improvement was observed.

The patient <u>started developing</u>:

- Worsening of his symptoms (lid swelling & pain)
- Painful, limited right eye elevation.

Contrast CT orbits, sinuses & brain, revealed:

- SOVT
- Pansinusitis.



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Management

- 1) MDT (Ophthalmologists, Paediatrician, Paediatric haematologist & Microbiologist).
- 2) Antibiotics: A phase of IV Co-amoxiclav for ?pre-septal cellulitis Mx, later switched to IV Ceftriaxone & Metronidazole.
- 3) Low Molecular Weight Heparin (**Dalteparin**), was initiated following CT confirmation of SOVT. (<u>Duration</u>: 3 months)
- 4) Repeat CT scans to monitor SOV patency. (within few days, repeated after 1-2 months).
- 5) Significant improvement of symptoms only within 1-2 days of anticoagulation.
- 6) Regular follow up with Ophthalmology consultant.

Take away points

- High level of clinical suspicion, in all age groups.

- Awareness to clues in ophthalmic examination (slow venous circulation vs. cellulitis).

- MDT management is crucial in optimising treatment.

Thank you..

Questions?



References

Example Face picture (Internet, edited for more anonymity):

Ento key website

https://entokey.com/preseptal-and-orbital-cellulitis-2/