



PAEDIATRIC ACUTE CARE GUIDELINE

Cellulitis - Periorbital and Orbital

Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

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<http://kidshealthwa.com/about/disclaimer/>

Cellulitis - Periorbital and Orbital

Background

Orbital Cellulitis

Several conditions can present in a similar way, but all of these are ophthalmological emergencies and are approached in the same way:

- Orbital cellulitis
- Orbital abscess
- Subperiosteal abscess
- Cavernous sinus thrombosis

Key signs:

- Decreased visual acuity
- Proptosis
- Ophthalmoplegia
- Red eye
- Papilloedema, meningism or cranial nerve involvement. **Consider cavernous sinus thrombosis**

Likely Organisms:

- Streptococcus pyogenes

- Streptococcus pneumoniae
- Staphylococcus aureus
- Haemophilus influenzae in unimmunised children

Periorbital Cellulitis

- This involves pre-septal soft tissue infection. Likely infections are the same as for cellulitis, but the presence of a contiguous skin lesion (insect bite, scratch etc) makes S. pyogenes and S. aureus more likely.

Assessment

Severity

- The assessment of the severity of the presentation will determine the management

Consider allergic reaction	Mild	Moderate	Severe/Ophthalmological Emergency
<ul style="list-style-type: none"> • Localised swelling • No tenderness • No redness • Afebrile 	<ul style="list-style-type: none"> • Mild redness and swelling • Systemically well 	<ul style="list-style-type: none"> • Moderate redness and swelling • +/- systemically unwell 	<ul style="list-style-type: none"> • Decreased visual acuity • Proptosis • Ophthalmoplegia • Red eye

Management

- Please speak to the Clinical Microbiologist or Infectious Diseases for advice regarding management of children < 3 months of age with mild to severe periorbital cellulitis

Management of children ≥ 3 months of age:

Allergic Reaction	Mild	Moderate	Severe/Ophthalmological Emergency

• Trial antihistamine	<ul style="list-style-type: none"> • Oral Amoxycillin/clavulanic acid; see Antibiotics • ED/GP review within 24 hours 	<ul style="list-style-type: none"> • Admit • Commence IV Flucloxacillin and Ceftriaxone; see Antibiotics 	<ul style="list-style-type: none"> • Urgent ophthalmology consult • CT • Urgent ENT referral if abscess or cavernous sinus thrombosis • Bloods culture and FBC • Commence IV Vancomycin and Ceftriaxone; see Antibiotics
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Tags

abscess, acuity, allergic, antihistamine, cavernous, cellulitis, ChAMP, cranial nerve, ent, erythema, eye, fever, meningism, oedema, ophthalmologist, ophthalmology, ophthalmoplegia, ophthalmological, orbital, papilloedema, periorbital, periorbital and orbital cellulitis, proptosis, red, sinus, swelling, swollen, tenderness, thrombosis, visual, white eye

References

- Gappy C, Archer SM and Barza M (2014) Orbital Cellulitis. UpToDate. Accessed at www.uptodate.com
- WA Health Child and Adolescent Health Service. Eyes ChAMP Empiric Guidelines Version 1, December 2013

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