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CLINICAL PEARLS

A possible clinical sign for orbital cellulitis

Distinguishing orbital from preseptal cellulitis is important for determining the best therapeutic course for the patient. Signs suggestive of orbital cellulitis include proptosis, strabismus, restriction of eye movement, diplopia, orbital pain, decreased vision, afferent pupillary defect, conjunctival injection, and chemosis. A sharp demarcation at the orbital rim may be a further sign of orbital cellulitis. We examined photographs from several ophthalmology units of individuals with orbital and preseptal cellulitis. Of 7 eyelids with orbital cellulitis, 4 had a sharp demarcation line running along the superior rim where the septum inserts. Only 1 of 17 eyelids with preseptal cellulitis had a demarcation line; the other 16 showed a diffuse pattern of erythema. The possible anatomic explanation for this finding is that preseptal inflammation due to some inflammatory process is not limited in the horizontal or vertical planes of the subcutaneous tissue by the septum and thus demonstrates a more diffuse erythema. By contrast, the septum prevents the spread of orbital inflammation superiorly, thus creating a sharp demarcation line. This distinction is also present in patients with an orbital hematoma, where the dark ecchymosis may have a sharp demarcation line where the septum prevents the posterior hematoma from spreading superiorly. In the Figure, on the left is a child with preseptal cellulitis and diffuse erythema; in the middle, a child with orbital cellulitis and a sharp demarcation line along the superior orbital rim; and on the right, a child with an orbital hematoma showing a sharp superior demarcation line.

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