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【 PICTURES IN CLINICAL MEDICINE 】

Ocular Abscess Causing Remarkable Eyeball Deformity

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Key words: abscess, endophthalmitis, orbital cellulitis, *Staphylococcus aureus*

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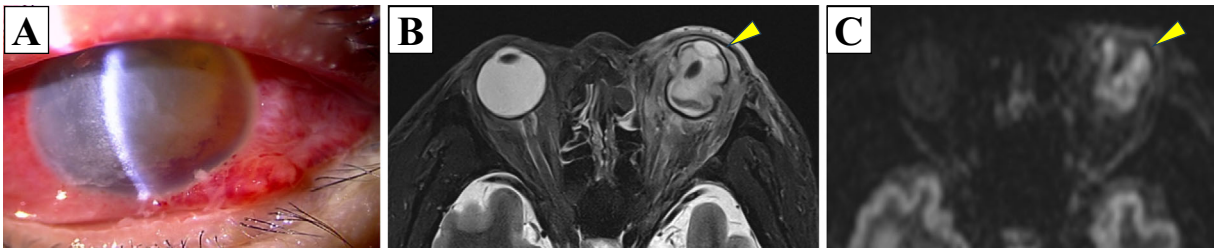

Picture.

A 49-year-old man with refractory uveitis received a subtenon triamcinolone acetonide injection and oral corticosteroids without improvement. After the initiation of adalimumab therapy, the patient developed sudden periorbital pain, swelling, erythema, and decreased visual acuity (Picture A). Computed tomography imaging showed marked periorbital inflammation, while magnetic resonance imaging revealed globe deformation with hyperintense signals on T2 short TI inversion recovery and diffusion-weighted images (Picture B, C), confirming the diagnosis of ocular abscess and orbital cellulitis. Bacterial cultures identified methicillin-susceptible *Staphylococcus aureus*. After two weeks of intravenous ceftriaxone therapy, the patient was discharged on oral sulfamethoxazole-trimethoprim; however, the final visual acuity remained light perception only.

An ocular abscess is a severe infection that can cause permanent visual impairment. It typically develops from the paranasal sinuses, particularly the ethmoid sinus, occurring in 10-15% of orbital cellulitis cases. A recent systematic review showed that over half of the cases involved pediatric patients <15 years of age, with 80% having underlying sinusitis (1). Half of the cases respond well to antibiotic therapy alone, whereas others require surgical intervention (2). Approximately 20% of patients experience total vision loss, especially among those with damage to the posterior segment of the eyeball (3).

Informed consent was obtained from the patient for the publication of this report.

The authors state that they have no Conflict of Interest (COI).

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