



CELLULITIS RESILIENCE: CONFRONTED BY AN UNANTICIPATED HEMORRHAGE

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Purpose: This case report details the clinical course of an 85-year-old male initially diagnosed with resistant dacryocystitis. Admission was ensued due to suspected preseptal cellulitis. Unexpectedly, the patient experienced a major hemorrhage.

Methods: An 85-year-old male was presented to our emergency department with persistent left periorbital swelling, attributed to resistant dacryocystitis. Despite the prescribed 10-day oral antibiotic therapy the patient's condition worsened, prompting admission to the Department of Ophthalmology. On presentation there were no signs of fever, ophthalmoplegia or loss of visual acuity. The patient's medical history included a regimen of anticoagulation therapy, antihypertensives and anti-diabetics. Moreover, mild renal failure was noted. Intravenous antibiotics and topical corticosteroid/antibiotic drops were initiated. Computed tomography (CT) findings shifted the diagnosis from a case of a resistant dacryocystitis to a potential preseptal cellulitis. On day two an enlarged chemosis was evident at the left periorbital space. A second CT made apparent a deep tissue periorbital haemorrhage, prompting changes to the treatment plan. Topical haemostasis measures were implemented and anticoagulation therapy was modified accordingly. Several days into treatment, a further and unexpected haemorrhage occurred beneath the infection site, intensifying the swelling. The patient was closely monitored for signs of further complication.





Results: Despite the hemorrhagic complication, the patient responded positively to the adapted treatment approach and periorbital edema gradually improved.

Conclusion: Complex cases of ophthalmic infections may present with unforeseen complications, necessitating dynamic and individualized management strategies.

