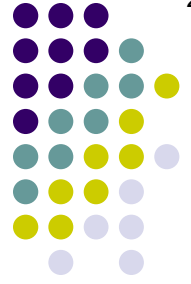


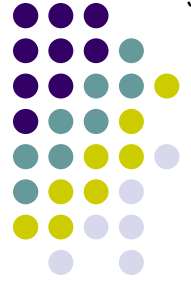
# Q

- **Pediatric Pre-Septal Cellulitis**
  - Common occurrence, or rare?



# A

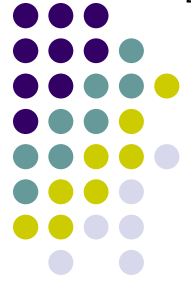
- **Pediatric Pre-Septal Cellulitis**
  - Common occurrence, or rare? **Common**



# Q

- **Pediatric Pre-Septal Cellulitis**

- Common occurrence, or rare? **Common**
- Presentation: Eyelid  and



# A

- **Pediatric Pre-Septal Cellulitis**
  - Common occurrence, or rare? **Common**
  - Presentation: Eyelid **edema** and **erythema**



Pre-septal cellulitis



# Q

- Pediatric Pre-Septal Cellulitis

- Common occurrence, or rare? Common
- Presentation: Eyelid edema and erythema

*Can the edema spread to the forehead?*

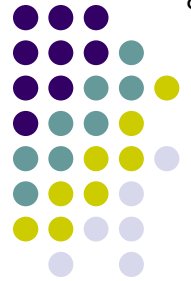


# A

- Pediatric Pre-Septal Cellulitis

- Common occurrence, or rare? Common
- Presentation: Eyelid edema and erythema

*Can the edema spread to the forehead? Yes*



# Q

- Pediatric Pre-Septal Cellulitis

- Common occurrence, or rare? Common
- Presentation: Eyelid edema and erythema

*Can the edema spread to the forehead? Yes*

*Can it spread to the lids of the fellow eye?*





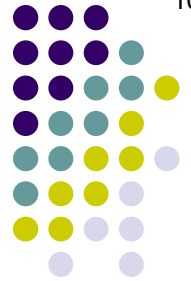
# A

- Pediatric Pre-Septal Cellulitis

- Common occurrence, or rare? Common
- Presentation: Eyelid edema and erythema

*Can the edema spread to the forehead? Yes*

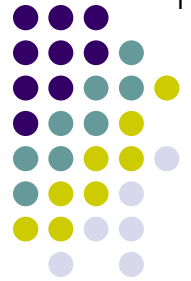
*Can it spread to the lids of the fellow eye? Yes*



# Q

## ● Pediatric Pre-Septal Cellulitis

- Common occurrence, or rare? Common
- Presentation: Eyelid edema and erythema
- Pertinent negatives on exam:
  - ?
  - ?
  - ?



# Q/A

## ● Pediatric Pre-Septal Cellulitis

- Common occurrence, or rare? Common
- Presentation: Eyelid edema and erythema
- Pertinent negatives on exam:
  - No proptosis
  - No limitations of, or pain with, ocular
  - No change in



# A

## ● Pediatric Pre-Septal Cellulitis

- Common occurrence, or rare? Common
- Presentation: Eyelid edema and erythema
- Pertinent negatives on exam:
  - No proptosis
  - No limitations of, or pain with, ocular motility
  - No change in vision



# Q

- **Pediatric Pre-Septal Cellulitis**

- Three common mechanisms:

- 1)

- 2)

- 3)



# Q/A

- **Pediatric Pre-Septal Cellulitis**

- Three common mechanisms:

1)

2) 2° to  *infection:*

3) 2° to  *infection*



# A

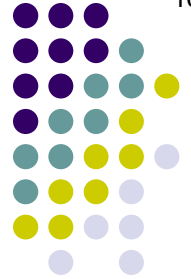
- **Pediatric Pre-Septal Cellulitis**

- Three common mechanisms:

- 1) *Post-skin break*

- 2) 2° to *ocular/periocular* infection:

- 3) 2° to *respiratory-related* infection



# Q

## ● Pediatric Pre-Septal Cellulitis

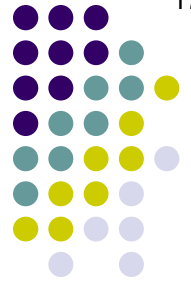
- Three common mechanisms *What sort of events qualify as a 'skin break'?*

1) **Post-skin break**

2) 2° to **ocular/periorbital**

3) 2° to **respiratory-related** infection





# A

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms

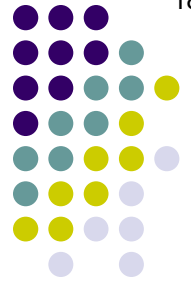
1) **Post-skin break**

2) 2° to **ocular/periorbital**

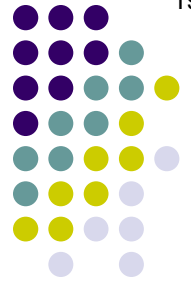
3) 2° to **respiratory-related** infection

*What sort of events qualify as a 'skin break'?*

Penetrating trauma (duh), but also insect bites, scrapes, scratches, etc



Pre-septal cellulitis 2ndry to insect bite



# Q

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms

1) **Post-skin break**

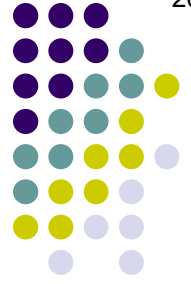
*What sort of events qualify as a 'skin break'?*

Penetrating trauma (duh), but also insect bites, scrapes, scratches, etc

2) 2° to **ocular/periorbital**

*Very generally speaking, which bugs are involved in pre-septal cellulitis 2ndry to a break in the skin?*

3) 2° to **respiratory-related** infection



# A

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms

1) **Post-skin break**

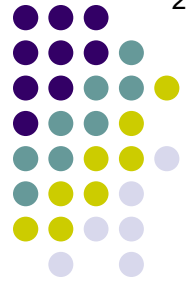
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Penetrating trauma (duh), but also insect bites, scrapes, scratches, etc

2) 2° to **ocular/periorbital**

*Very generally speaking, which bugs are involved in pre-septal cellulitis 2ndry to a break in the skin?*  
Skin flora

3) 2° to **respiratory-related** infection



# Q

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms

1) **Post-skin break**

*What sort of events qualify as a 'skin break'?  
Penetrating trauma (duh), but also insect bites, scrapes, scratches, etc*

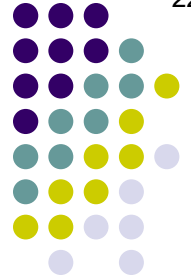
2) 2° to **ocular/periorbital**

*Very generally speaking, which bugs are involved in pre-septal cellulitis 2ndry to a break in the skin?*

**Skin flora**

3) 2° to **respiratory**

*Which two skin-flora bugs are most likely to be implicated?*



# A

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms

1) **Post-skin break**

*What sort of events qualify as a 'skin break'?*

Penetrating trauma (duh), but also insect bites, scrapes, scratches, etc

2) 2° to **ocular/periorbital**

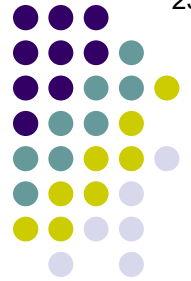
*Very generally speaking, which bugs are involved in pre-septal cellulitis 2ndry to a break in the skin?*

**Skin flora**

3) 2° to **nasal**

*Which two skin-flora bugs are most likely to be implicated?*

*Staph and Strep species*



# Q

## ● Pediatric Pre-Septal Cellulitis

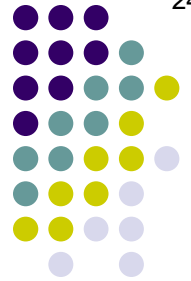
- Three common mechanisms:

1) *Post-skin break*

2) 2° to *ocular/periocular infection*:

- common Peds infection 1
- common Peds infections 2&3
- common Peds infection 4

3) 2° to *respiratory-related infection*



# A

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to **ocular/periocular infection:**

- Conjunctivitis
- Impetigo; zoster
- Stye

3) 2° to *respiratory-related infection*





# Q

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

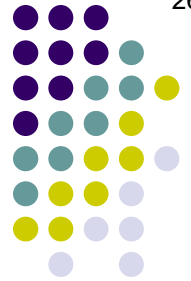
2) 2° to *ocular/periocular infection:*

- **Conjunctivitis**

- *Impetigo; zoster*

- *Is the conjunctivitis viral, or bacterial?*

3) 2° to *respiratory-related infection*



# A

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to *ocular/periocular infection:*

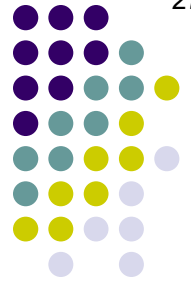
- **Conjunctivitis**

- *Impetigo: zoster*

- *Is the conjunctivitis viral, or bacterial?*

- *It can be either*

3) 2° to *respiratory-related infection*



# Q

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to *ocular/periocular infection:*

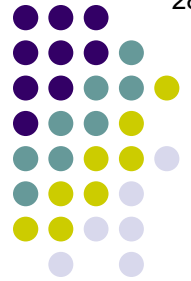
- **Conjunctivitis**

*Which specific viral conjunctivitis is the classic cause?*

- *Impetigo: zoster*

- *Is the conjunctivitis **viral** or bacterial?*  
It can be either

3) 2° to *respiratory-related infection*



# A

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

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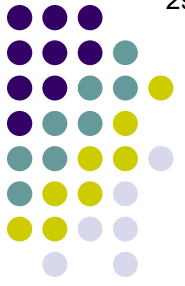
- **Conjunctivitis**

*Which specific viral conjunctivitis is the classic cause?  
Epidemic keratoconjunctivitis (EKC)*

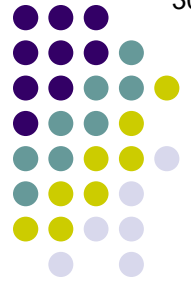
- *Impetigo: zoster*

- *Is the conjunctivitis **viral** or bacterial?  
It can be either*

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EKC



# Q

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to *ocular/periocular infection:*

- **Conjunctivitis**

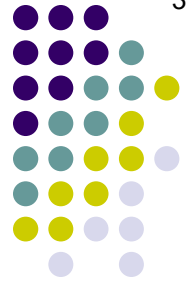
*Which specific viral conjunctivitis is the classic cause?  
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- *Impetigo: zoster*

- *Is the conjunctivitis viral, or **bacterial**?  
It can be either*

3) 2° to *respiratory-related infection*

*Which specific bacterial conjunctivitis is the classic cause?*



# A

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to *ocular/periocular infection:*

- **Conjunctivitis**

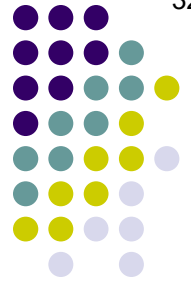
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- *Impetigo: zoster*

- *Is the conjunctivitis viral, or **bacterial**?  
It can be either*

3) 2° to *respiratory-related infection*

*Which specific bacterial conjunctivitis is the classic cause?  
MRSA*



# Q

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to *ocular/periocular infection:*

- *Conjunctivitis*

- *Impetigo: zoster*

- *Is the conjunctivitis*  
*It can be either*

*Which specific viral conjunctivitis is the classic cause?*

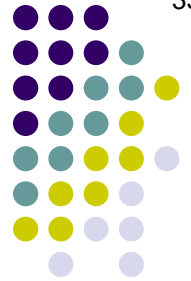
**Epidemic keratoconjunctivitis (EKC)**

*What sort of virus (ie, which family) is responsible for EKC?*

3) 2° to *respiratory*

*cause?*





# A

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to *ocular/periocular infection:*

- *Conjunctivitis*

- *Impetigo: zoster*

- *Is the conjunctivitis*  
*It can be either*

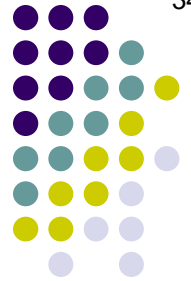
*Which specific viral conjunctivitis is the classic cause?*

**Epidemic keratoconjunctivitis (EKC)**

*What sort of virus (ie, which family) is responsible for EKC?*  
**It is an adenovirus**

3) 2° to *respiratory*

*cause?*



# Q

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to **ocular/periocular infection:**

- Conjunctivitis

- Impetigo: zoster

- Is the conjunctivitis...  
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**Epidemic keratoconjunctivitis (EKC)**

*What sort of virus (ie, which family) is responsible for EKC?*

**It is an adenovirus**

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*In terms of its presentation, is EKC...*

*...associated with an URTI, or fever, HA & pharyngitis?*

*...cause?*



# A

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- Three common mechanisms:

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- Is the conjunctivitis  
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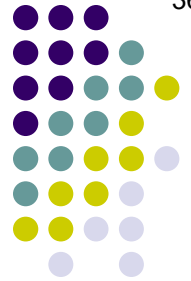
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3) 2° to *respiratory*

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# Q

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- Three common mechanisms:

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2) 2° to **ocular/periocular infection:**

- Conjunctivitis

- Impetigo: zoster

- Is the conjunct

- It can be either

3) 2° to *respira*

*Which specific viral conjunctivitis is the classic cause?*

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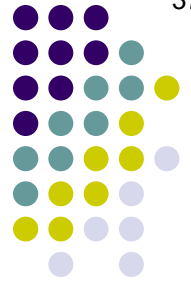
*What sort of virus (ie, which family) is responsible for EKC?*

**It is an adenovirus**

*In terms of its presentation, is EKC...*

*...associated with an URTI, **or** fever, HA & pharyngitis? **URT** use?*

*...unilateral, **or** bilateral?*



# A

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

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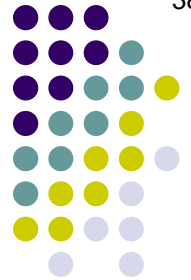
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# Q

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- Three common mechanisms:

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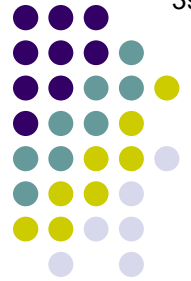
**It is an adenovirus**

*In terms of its presentation, is EKC...*

*...associated with an URTI, or fever, HA & pharyngitis? URTI cause?*

*...unilateral, or bilateral? Bilateral (by day 7 or so)*

*...follicular, or papillary?*



# A

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

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2) 2° to **ocular/periocular infection:**

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# Q

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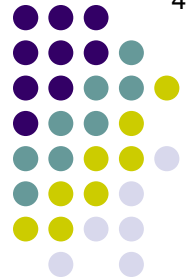
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*...follicular, or papillary? Follicular*

*...caused by serotypes 3&7, or by 8, 19 & 37?*





# A

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

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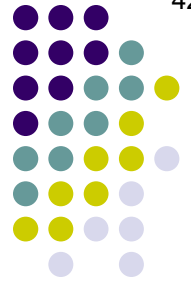
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*...follicular, or papillary? Follicular*

*...caused by serotypes 3&7, or by 8, 19 & 37? 8, 19 & 37*



# Q

## • Pediatric Pre-Septal Cellulitis

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*...caused by serotypes 3&7, or by 8, 19 & 37? 8, 19 & 37*

*...associated with a significant corneal complication?*



# A

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

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- Impetigo: zoster

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*What sort of virus (ie, which family) is responsible for EKC?*

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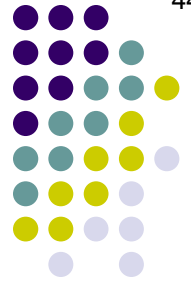
...associated with an URTI, **or** fever, HA & pharyngitis? **URTIs** *cause?*

...unilateral, **or** bilateral? **Bilateral** (by day 7 or so)

...follicular, **or** papillary? **Follicular**

...caused by serotypes 3&7, **or** by 8, 19 & 37? **8, 19 & 37**

...associated with a significant corneal complication? **Yes**



# Q

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to **ocular/periocular infection:**

- *Conjunctivitis*

- *Impetigo: zoster*

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*In terms of its presentation, is EKC...*

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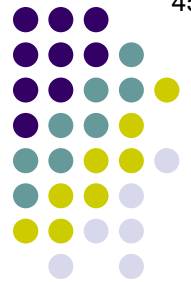
*...unilateral, or bilateral? Bilateral (by day 7 or so)*

*...follicular, or papillary? Follicular*

*...caused by serotypes 3&7, or by 8, 19 & 37? 8, 19 & 37*

*...associated with a significant corneal complication? Yes*

*...associated with lymphadenopathy?*



# A

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to **ocular/periocular infection:**

- *Conjunctivitis*

- *Impetigo: zoster*

- *Is the conjunct*

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*Which specific viral conjunctivitis is the classic cause?*

**Epidemic keratoconjunctivitis (EKC)**

*What sort of virus (ie, which family) is responsible for EKC?*

**It is an adenovirus**

*In terms of its presentation, is EKC...*

*...associated with an URTI, or fever, HA & pharyngitis? URTI*

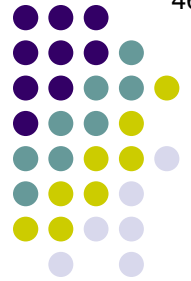
*...unilateral, or bilateral? Bilateral (by day 7 or so)*

*...follicular, or papillary? Follicular*

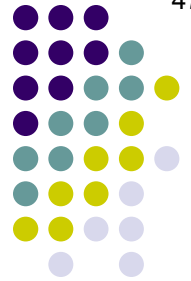
*...caused by serotypes 3&7, or by 8, 19 & 37? 8, 19 & 37*

*...associated with a significant corneal complication? Yes*

*...associated with lymphadenopathy? Yes*



EKC: Preauricular lymphadenopathy



# Q

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to *ocular/periocular infection:*

- *Conjunctivitis*

- *Impetigo: zoster*

- *Is the conjunctiva involved?*  
*It can be either*

*Which specific viral conjunctivitis is the classic cause?*

**Epidemic keratoconjunctivitis (EKC)**

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**It is an adenovirus**

3) 2° to *respiratory*

*In terms of its presentation, is EKC...*

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*...unilateral, or bilateral? Bilateral (by day 7 or so)*

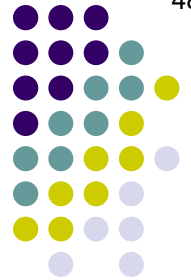
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*What is the 'significant corneal finding' associated with EKC?*



# A

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

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2) 2° to *ocular/periocular infection:*

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- *Impetigo: zoster*

- *Is the conjunct*

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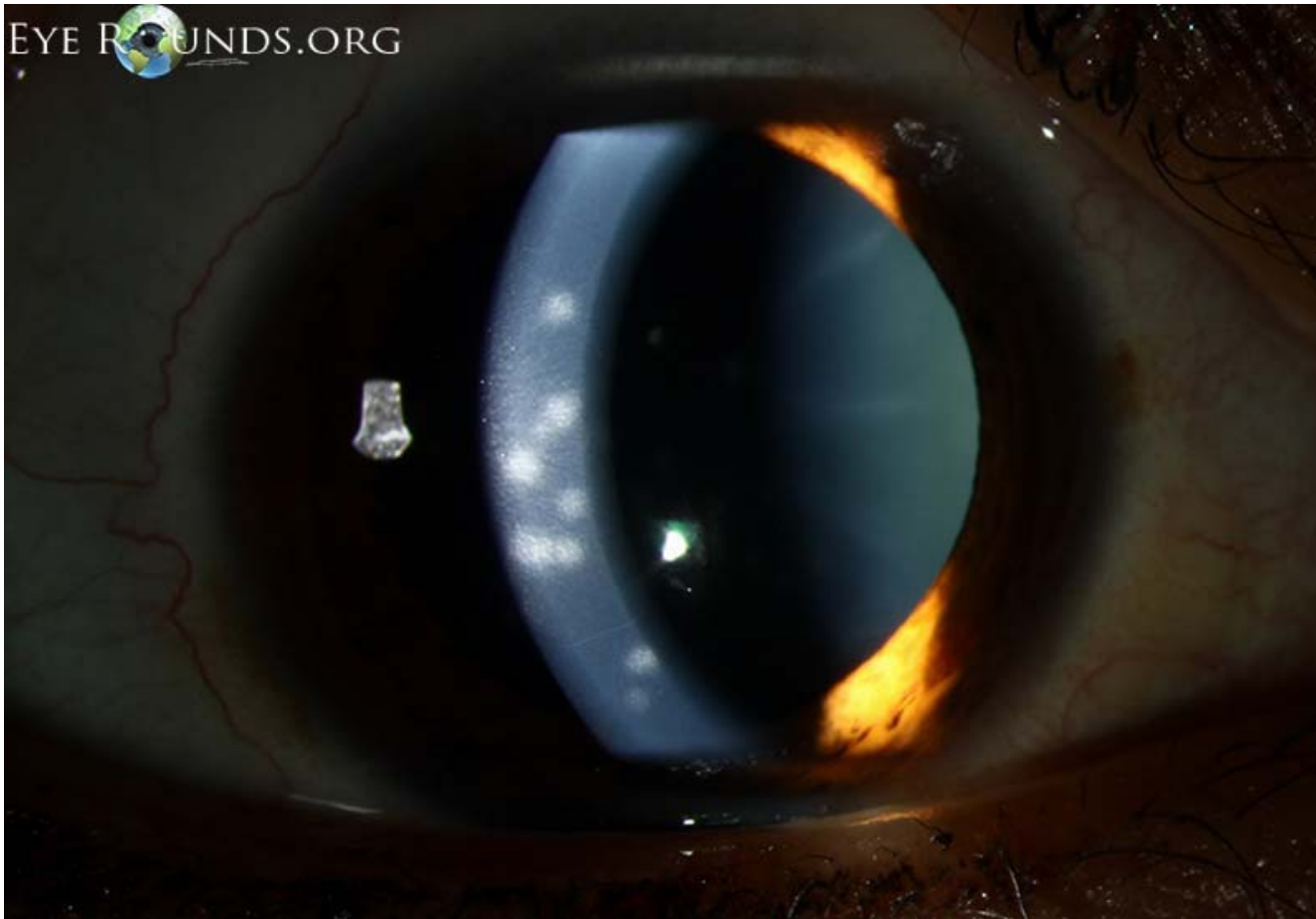
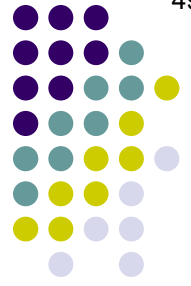
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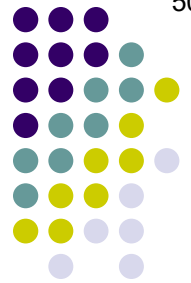
*What is the 'significant corneal finding' associated with EKC?*

Subepithelial infiltrates (SEIs)





EKC: Subepithelial infiltrates



# Q

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*In what sense are they significant?*

# Q/A

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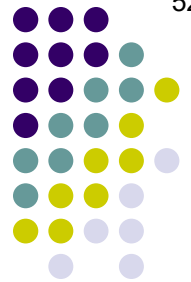
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*What is the 'significant corneal finding' associated with EKC?*  
Subepithelial infiltrates (SEIs)

*In what sense are they significant?*

They can cause discomfort and decreased acuity, and can persist for

unit of time



# A

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

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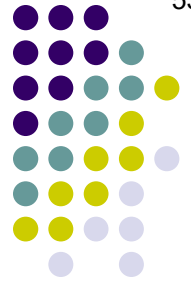
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# Q

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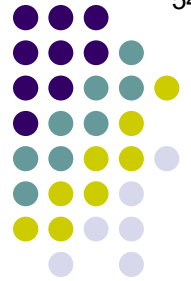
**an adenovirus**

*What condition, caused by adenovirus serotypes 3 and 7, presents with conjunctivitis, fever, HA and pharyngitis?*

**fever, HA & pharyngitis**

*se?*

**3&7**



# A

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

2) 2° to **ocular/periocular infection:**

- Conjunctivitis

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*Which specific viral conjunctivitis is the classic cause?*

**Epidemic keratoconjunctivitis (EKC)**

**an adenovirus**

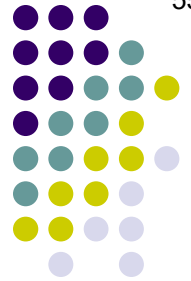
*What condition, caused by adenovirus serotypes 3 and 7, presents with conjunctivitis, fever, HA and pharyngitis?*

**Pharyngoconjunctival fever (PCF)**

**fever, HA & pharyngitis**

*se?*

**3&7**



# Q

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

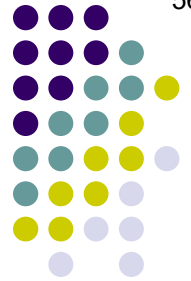
1) *Post-skin break*

2) 2° to *ocular/periocular* infection:

- Conjunctivitis
- Impetigo; zoster
- Stye

3) 2° to *respiratory-related* infection:

- infection 1
- infection 2



# A

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-skin break*

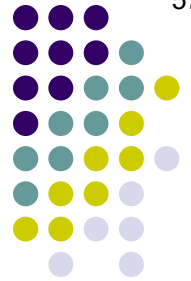
2) 2° to *ocular/periocular infection*:

- Conjunctivitis
- Impetigo; zoster
- Sty

3) 2° to *respiratory-related infection*:

- URTI
- sinusitis





# Q

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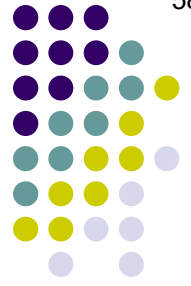
- Conjunctivitis
- Impetigo; zoster
- Stye

3) 2° to *respiratory-related infection*:

- **URTI**
- **sinusitis**

What are the two common bacteria involved?

- 1)
- 2)



# A

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2) 2° to *ocular/periocular infection*:

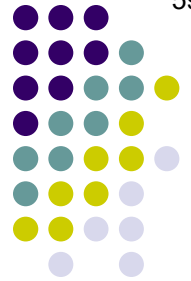
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3) 2° to *respiratory-related infection*:

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What are the two common bacteria involved?

- 1) *Staph*
- 2) *Strep*



# Q

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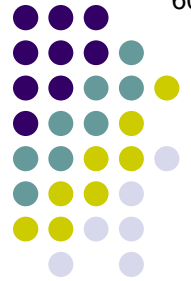
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- **sinusitis**

What are the two common bacteria involved?

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- 2) *Strep*

What other bacterium must also be considered?



# A

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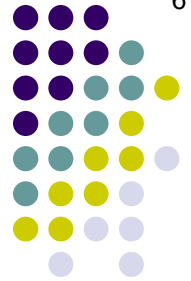
- **URTI**
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What are the two common bacteria involved?

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- 2) *Strep*

What other bacterium must also be considered?

*H flu*



# Q

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- Three common mechanisms:

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- Impetigo; zoster
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- **sinusitis**

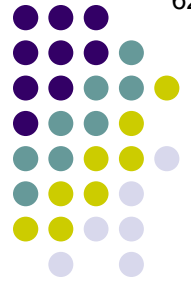
What are the two common bacteria involved?

- 1) *Staph*
- 2) *Strep*

What other bacterium must also be considered?

*H flu*

*How should you go about 'considering' it?*



# A

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

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2) 2° to *ocular/periocular infection*:

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- **URTI**
- **sinusitis**

What are the two common bacteria involved?

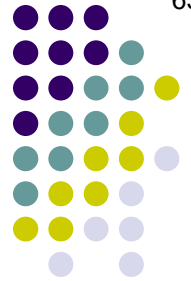
- 1) *Staph*
- 2) *Strep*

What other bacterium must also be considered?

*H flu*

*How should you go about 'considering' it?*

By inquiring whether the child has been vaccinated against it



# Q

## • Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) **Post-skin break**

2) 2° to **ocular/periorcular infection:**

- **Conjunctivitis**

- **Impetigo; zoster**

- **Stye**

3) 2° to **respiratory-related infection:**

- **URTI**

- **sinusitis**

Some experts would argue that if an unmistakable precipitating event such as **these** isn't readily identified, then a diagnosis of pre-septal cellulitis should not be made, and instead [redacted] should be pursued to rule out an [redacted] cellulitis



# A

## ● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) **Post-skin break**

2) 2° to **ocular/periorcular** infection:

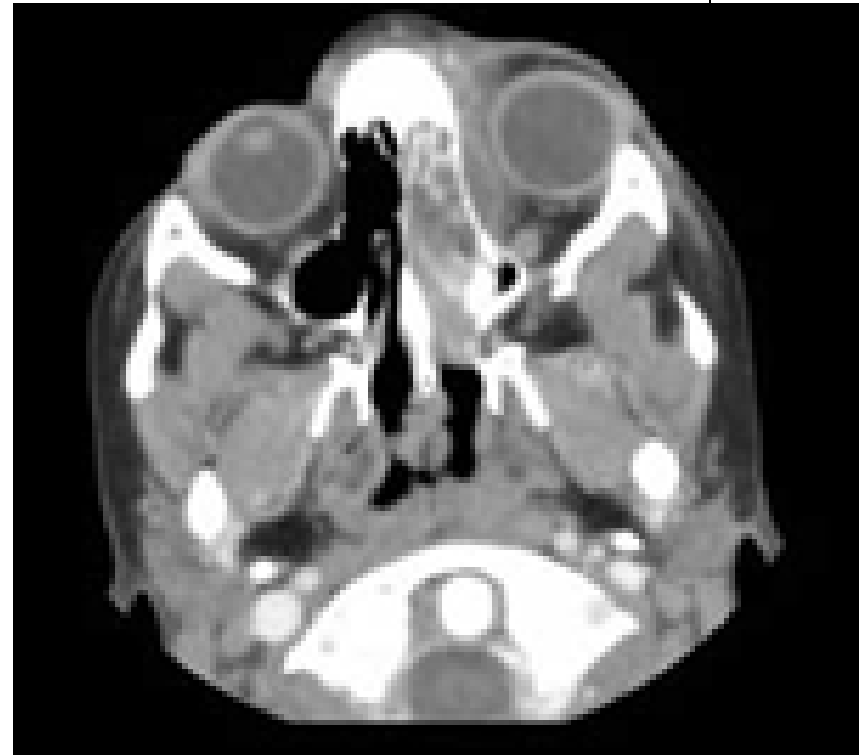
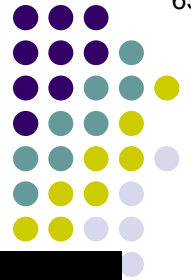
- **Conjunctivitis**
- **Impetigo; zoster**
- **Stye**

3) 2° to **respiratory-related** infection:

- **URTI**
- **sinusitis**

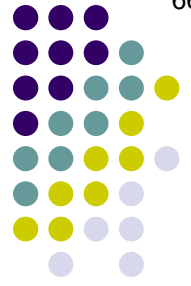
Some experts would argue that if an unmistakable precipitating event such as **these** isn't readily identified, then a diagnosis of pre-septal cellulitis should not be made, and instead **imaging** should be pursued to rule out an **orbital** cellulitis





Orbital cellulitis misdiagnosed as pre-septal

<https://webeye.ophth.uiowa.edu/eyeforum/cases/103-Pediatric-Orbital-Cellulitis.htm>



# Q

## ● Pediatric Pre-Septal Cellulitis

### ● Three common mechanisms:

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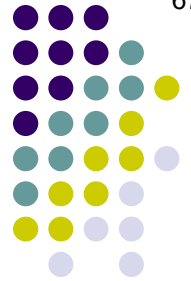
- Conjunctivitis
- Impetigo; zoster
- Sty

3) 2° to *respiratory-related* infection:

- URTI
- sinusitis

### ● Treatment

- Outpatient, PO abx if: > age, nonsevere, no additional finding



# A

## ● Pediatric Pre-Septal Cellulitis

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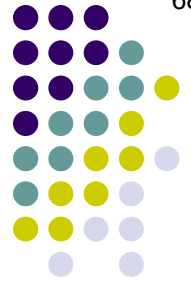
- Conjunctivitis
- Impetigo; zoster
- Sty

3) 2° to *respiratory-related* infection:

- URTI
- sinusitis

- Treatment

- Outpatient, PO abx if: *>1 yr*, nonsevere, no *systemic signs*



# Q

## • Pediatric Pre-Septal Cellulitis

### • Three common mechanisms:

- 1) *Post-skin break*
- 2) 2° to *ocular/periocular* infection:
  - Conjunctivitis
  - Impetigo; zoster
  - Sty
- 3) 2° to *respiratory-related* infection:
  - URTI
  - sinusitis

### • Treatment

- Outpatient, PO abx if: **>1 yr**, nonsevere, no **systemic signs**
- Inpatient, IV abx and imaging if: **< age**, severe, **additional finding**



# A

## ● Pediatric Pre-Septal Cellulitis

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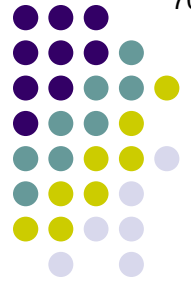
- Conjunctivitis
- Impetigo; zoster
- Sty

3) 2° to *respiratory-related* infection:

- URTI
- sinusitis

### ● Treatment

- Outpatient, PO abx if: *>1 yr*, nonsevere, no *systemic signs*
- Inpatient, IV abx and imaging if: *<1 yr*, severe, *septic*



## ● Pediatric Pre-Septal Cellulitis

### ● Three common mechanisms:

1) *Post-skin break*

2) 2° to *ocular/periocular* infection:

- Conjunctivitis
- Impetigo; zoster
- Stye

3) 2° to *respiratory-related* infection:

- URTI
- sinusitis

*Note: Some clinicians prefer '2' as the age cutoff for out- vs inpatient management*

### ● Treatment

- Outpatient, PO abx if: *21 yr*, nonsevere, no *systemic signs*
- Inpatient, IV abx and imaging if: *21 yr*, severe, *septic*

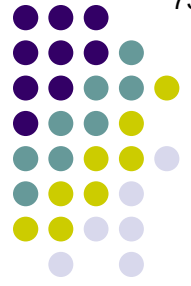
*Is it pre-septal cellulitis, or post-septal, ie, orbital cellulitis? The ability to reliably differentiate between the two is a must-have (both out in the real world as well as on the OKAP and Board exams). Several findings will clue you in one way or the other--identify them below!*

[illegible]

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2 mm proptosis OS

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Q

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Signs/Symptoms	Preseptal Cellulitis	Orbital Cellulitis
<i>Proptosis</i>	Never	Usually
<i>Lid edema</i>	Yes	Yes
<i>Red eye</i>	Never	Yes
<i>Lethargy</i>	Can be present	Yes
<b>Decreased visual function</b>	Never	Usually

What specifically does 'visual function' refer to here?

--

--

A

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<i>Lethargy</i>	Can be present	Yes
<b>Decreased visual function</b>	Never	Usually

What specifically does 'visual function' refer to here?

--Visual acuity

--Color vision (specifically, desaturation)

*Is it pre-septal cellulitis, or post-septal, ie, orbital cellulitis? The ability to reliably differentiate between the two is a must-have (both out in the real world as well as on the OKAP and Board exams). Several findings will clue you in one way or the other--identify them below!*

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[illegible]

Q

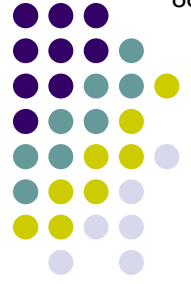
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<i>Lethargy</i>	Can be present	Yes
<i>Decreased visual function</i>	Never	Usually
<i>Fever</i>	Can be present	Usually
<i>Chemosis</i>	?	?

A

*Is it pre-septal cellulitis, or post-septal, ie, orbital cellulitis? The ability to reliably differentiate between the two is a must-have (both out in the real world as well as on the OKAP and Board exams). Several findings will clue you in one way or the other--identify them below!*

Signs/Symptoms	Preseptal Cellulitis	Orbital Cellulitis
<i>Proptosis</i>	Never	Usually
<i>Lid edema</i>	Yes	Yes
<i>Red eye</i>	Never	Yes
<i>Lethargy</i>	Can be present	Yes
<i>Decreased visual function</i>	Never	Usually
<i>Fever</i>	Can be present	Usually
<i>Chemosis</i>	Never	Usually



Orbital cellulitis: Chemosis



Q

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<i>Decreased visual function</i>	Never	Usually
<i>Fever</i>	Can be present	Usually
<i>Chemosis</i>	Never	Usually
<i>APD</i>	?	?

A

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<i>APD</i>	Never	Can be present

Q

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<i>Chemosis</i>	Never	Usually
<i>APD</i>	Never	Can be present
<i>Elevated IOP</i>	?	?

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<i>APD</i>	Never	Can be present
<b>Elevated IOP</b>	Never	Can be present

What is the mechanism responsible for increasing IOP?

**Q/A** Is it pre-septal cellulitis, or post-septal, ie, orbital cellulitis? The ability to reliably differentiate between the two is a must-have (both out in the real world as well as on the OKAP and Board exams). Several findings will clue you in one way or the other--identify them below!

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<b>Elevated IOP</b>	Never	Can be present

What is the mechanism responsible for increasing IOP?

Orbital congestion → compression of two words → increased abb. → increased IOP

A

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<b>Elevated IOP</b>	<b>Never</b>	<b>Can be present</b>

*What is the mechanism responsible for increasing IOP?*

Orbital congestion → compression of vortex veins → increased EVP → increased IOP

*EVP = episcleral venous pressure*

Q

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<i>Chemosis</i>	Never	Usually
<i>APD</i>	Never	Can be present
<i>Elevated IOP</i>	Never	Can be present
<i>Pain with EOMs</i>	?	?
<i>(EOMs = extraocular muscle movements)</i>		



A

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<i>Chemosis</i>	Never	Usually
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<i>Elevated IOP</i>	Never	Can be present
<i>Pain with EOMs</i>	Never	Usually

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<i>APD</i>	Never	Can be present
<i>Elevated IOP</i>	Never	Can be present
<i>Pain with EOMs</i>	Never	Usually
<i>Limited motility</i>	?	?

A

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<i>Chemosis</i>	Never	Usually
<i>APD</i>	Never	Can be present
<i>Elevated IOP</i>	Never	Can be present
<i>Pain with EOMs</i>	Never	Usually
<i>Limited motility</i>	Never	Usually



Reduced elevation, adduction, abduction

Orbital cellulitis: EOM limitations

<https://webeye.ophth.uiowa.edu/eyeforum/cases/103-Pediatric-Orbital-Cellulitis.htm>

Q

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<i>Elevated IOP</i>	Never	Can be present
<i>Pain with EOMs</i>	Never	Usually
<i>Limited motility</i>	Never	Usually
<i>Tenderness on palpation</i>	?	?

A

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<i>Elevated IOP</i>	Never	Can be present
<i>Pain with EOMs</i>	Never	Usually
<i>Limited motility</i>	Never	Usually
<i>Tenderness on palpation</i>	Never	Usually



Is it pre-septal cellulitis, or post-septal, ie, orbital cellulitis? The ability

So, it's orbital cellulitis if the **globe is involved...**

findings will clue you in one way or the other--identify them below!

Signs/Symptoms	Preseptal Cellulitis	Orbital Cellulitis
<i>Proptosis</i>	Never	Usually
<i>Lid edema</i>	Yes	Yes
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<i>Pain with EOMs</i>	Never	Usually
<i>Limited motility</i>	Never	Usually
<i>Tenderness on palpation</i>	Never	Usually



Is it pre-septal cellulitis, or post-septal, ie, orbital cellulitis? The ability to rely on the redness of the eye and the presence of orbital findings will clue you in one way or the other—identify them below!

or if **orbital signs** are present...

Signs/Symptoms	Preseptal Cellulitis	Orbital Cellulitis
<b>Proptosis</b>	<b>Never</b>	<b>Usually</b>
<i>Lid edema</i>	Yes	Yes
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<b>Pain with EOMs</b>	<b>Never</b>	<b>Usually</b>
<b>Limited motility</b>	<b>Never</b>	<b>Usually</b>
<b>Tenderness on palpation</b>	<b>Never</b>	<b>Usually</b>





Is it pre-septal cellulitis, or post-septal, ie, orbital cellulitis? The ability to reliably differentiate between the two is crucial. The following findings will clue you in one way or the other—identify them below!

## Or if **visual function** is affected

Signs/Symptoms	Preseptal Cellulitis	Orbital Cellulitis
<i>Proptosis</i>	Never	Usually
<i>Lid edema</i>	Yes	Yes
<i>Red eye</i>	Never	Yes
<i>Lethargy</i>	Can be present	Yes
<b>Decreased visual function</b>	<b>Never</b>	<b>Usually</b>
<i>Fever</i>	Can be present	Usually
<i>Chemosis</i>	Never	Usually
<b>APD</b>	<b>Never</b>	<b>Can be present</b>
<i>Elevated IOP</i>	Never	Can be present
<i>Pain with EOMs</i>	Never	Usually
<i>Limited motility</i>	Never	Usually
<i>Tenderness on palpation</i>	Never	Usually