

Q

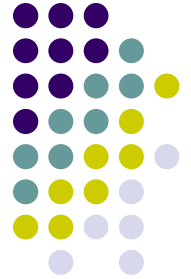
● Pediatric Pre-Septal Cellulitis

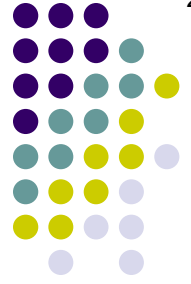
- Three common mechanisms:

1)

2) 2° to *infection:*

3) 2° to *infection*





A

- **Pediatric Pre-Septal Cellulitis**

- Three common mechanisms:

- 1) *Post-traumatic*

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

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



Q

● Pediatric Pre-Septal Cellulitis

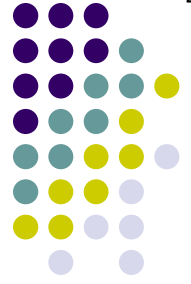
● Three common mechanisms:

1) **Post-traumatic**

Very generally speaking, which bugs are involved in post-traumatic pre-septal cellulitis?

2) 2° to **ocular/periorbital infection.**

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



A

● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

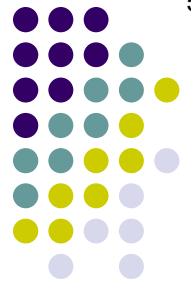
1) **Post-traumatic**

Very generally speaking, which bugs are involved in post-traumatic pre-septal cellulitis?

Skin flora

2) 2° to **ocular/periorbital** infection.

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



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- Three common mechanisms:

1) **Post-traumatic**

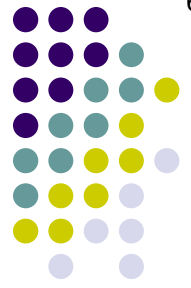
Very generally speaking, which bugs are involved in post-traumatic pre-septal cellulitis?

Skin flora

2) 2° to **ocular/periorbital** infection.

Which skin-flora bugs are most likely to be involved?

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



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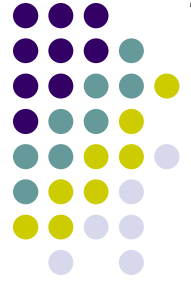
Very generally speaking, which bugs are involved in post-traumatic pre-septal cellulitis?

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2) 2° to **ocular/periorbital** infection.

*Which skin-flora bugs are most likely to be involved?
Staph and Strep species*

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



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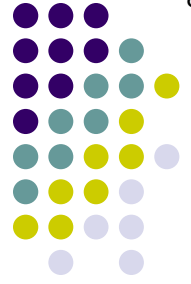
- Three common mechanisms:

1) *Post-traumatic*

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

- common Peds infection 1
- common Peds infection 2
- common Peds infection 3

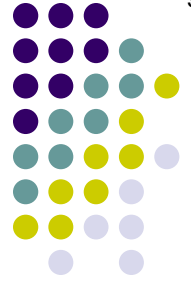
3) 2° to *respiratory-related infection*



A

● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:
 - 1) *Post-traumatic*
 - 2) **2° to ocular/periorcular infection:**
 - Conjunctivitis
 - Impetigo
 - Zoster
 - 3) 2° to *respiratory-related* infection



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● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

1) *Post-traumatic*

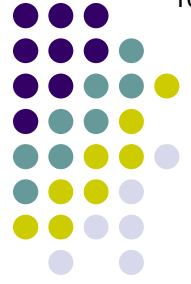
2) 2° to *ocular/periorcular infection:*

- **Conjunctivitis**

- *Impetigo*

- *Is the conjunctivitis viral, or bacterial?*

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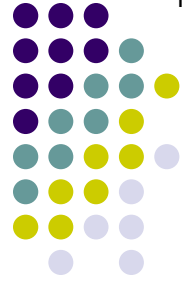
- **Conjunctivitis**

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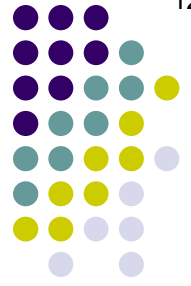
Which specific viral conjunctivitis is the classic cause?

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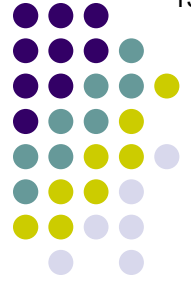
- **Conjunctivitis**

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

- *Impetigo*

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

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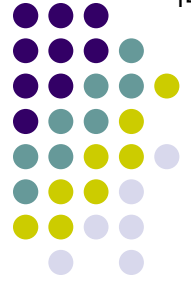
- *Impetigo*

- *Is the conjunctivitis viral, or **bacterial**?*

- It can be either

3) 2° to *respiratory-related infection*

Which specific bacterial conjunctivitis is the classic cause?



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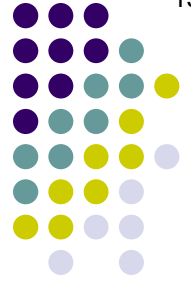
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3) 2° to *respiratory-related infection*

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



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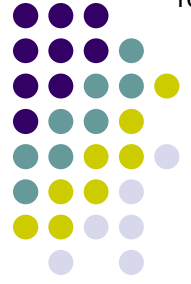
3) 2° to *respiratory*

Which specific viral conjunctivitis is the classic cause?

Epidemic keratoconjunctivitis (EKC)

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

use?



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● Three common mechanisms:

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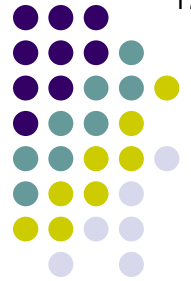
▪ *Is the conjunctivitis*
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It is an adenovirus

3) 2° to *respiratory*

cause?



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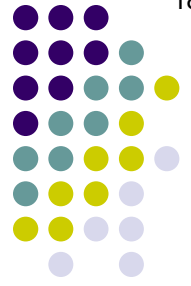
*In terms of its presentation, is EKC...
...associated with an URTI, or fever, HA & pharyngitis?*

↙

(URTI = Upper-respiratory tract infection)

3) 2° to *respiratory*

cause?



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Which specific viral conjunctivitis is the classic cause?

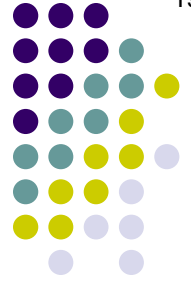
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...unilateral, or bilateral?



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3) 2° to *respiratory*

use?



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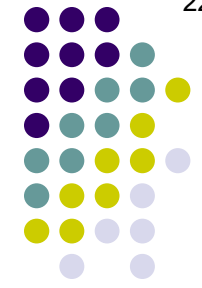
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3) 2° to *respiratory infection*

In terms of its presentation, is EKC...
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...unilateral, **or** bilateral? **Bilateral (by day 7 or so)**
...follicular, **or** papillary?



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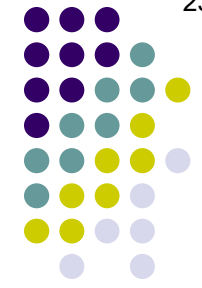
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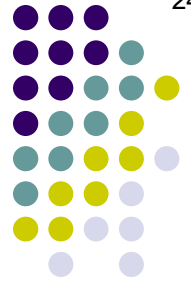
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- ...caused by serotypes 3&7, or by 8, 19 & 37?*



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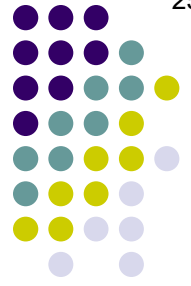
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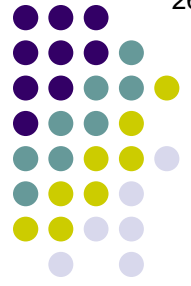
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...associated with a significant corneal complication?



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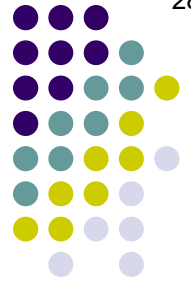
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...associated with a significant corneal complication? **Yes**
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use?



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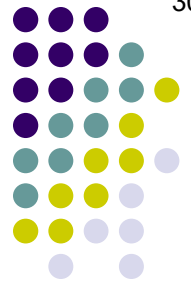
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What is the 'significant corneal finding' associated with EKC?



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



Q

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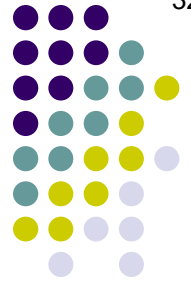
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What is the 'significant corneal finding' associated with EKC?
Subepithelial infiltrates (SEIs)

In what sense are they significant?



Q/A

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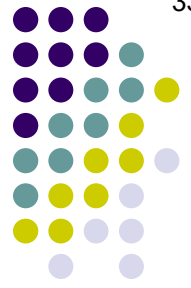
What is the 'significant corneal finding' associated with EKC?

Subepithelial infiltrates (SEIs)

In what sense are they significant?

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

unit of time



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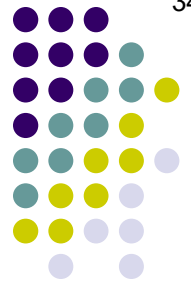
What sort of virus (ie, which family) is responsible for EKC?
It is an adenovirus

In terms of its presentation, is EKC...

- ...associated with an URTI, or fever, HA & pharyngitis? URTI*
- ...unilateral, or bilateral? Bilateral (by day 7 or so)*
- ...follicular, or papillary? Follicular*
- ...caused by serotypes 3&7, or by 6, 19 & 37? 8, 19 & 37*
- ...associated with a significant corneal complication? Yes**
- ...associated with lymphadenopathy? Yes*

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 years



Q

● Pediatric Pre-Septal Cellulitis

● Three common mechanisms:

1) *Post-traumatic*

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

▪ *Conjunctivitis*

▪ *Impetigo*

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

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

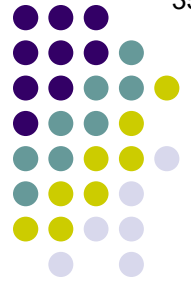
an adenovirus

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

fever, HA & pharyngitis

3&7

se?



A

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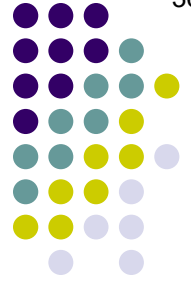
What condition, caused by adenovirus serotypes 3 and 7, presents with conjunctivitis, fever, HA and pharyngitis?

Pharyngoconjunctival fever (PCF)

fever, HA & pharyngitis

se?

3&7



Q

● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:

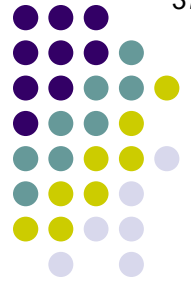
1) *Post-traumatic*

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

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- *Impetigo*
- *Zoster*

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

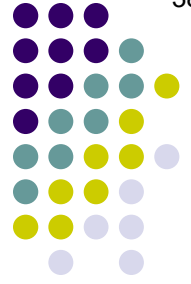
- infection 1
- infection 2



A

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 - 2) 2° to *ocular/periocular* infection:
 - Conjunctivitis
 - Impetigo
 - Zoster
 - 3) 2° to *respiratory-related* infection:
 - URTI
 - sinusitis



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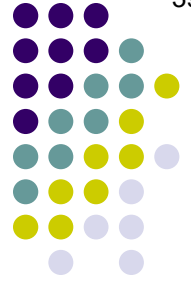
- Conjunctivitis
- Impetigo
- Zoster

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

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

What are the two common bacteria involved?

- 1)
- 2)



A

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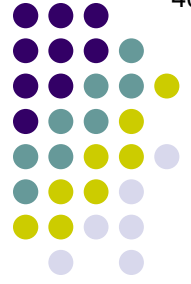
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- 1) **Staph**
- 2) **Strep**



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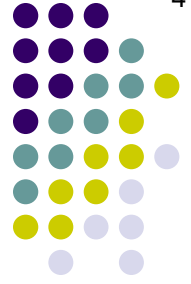
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What other bacterium must also be considered?



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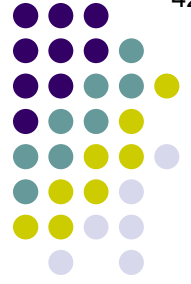
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H flu



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- 1) **Staph**
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What other bacterium must also be considered?

H flu

How should you go about 'considering' it?



A

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What are the two common bacteria involved?

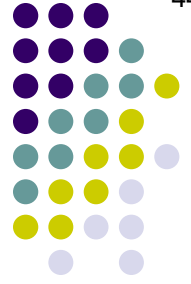
- 1) **Staph**
- 2) **Strep**

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-traumatic*

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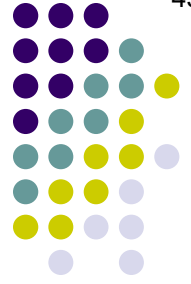
3) 2° to *respiratory-related* infection:

- URTI
- sinusitis

- Treatment

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

additional finding



A

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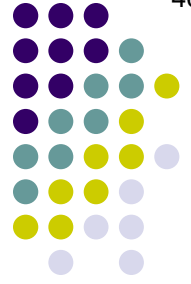
- Conjunctivitis
- Impetigo
- Zoster

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

- URTI
- sinusitis

- Treatment

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



Q

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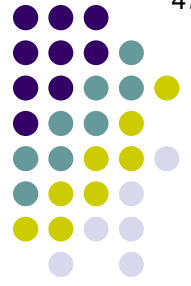
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3) 2° to *respiratory-related* infection:

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- Treatment

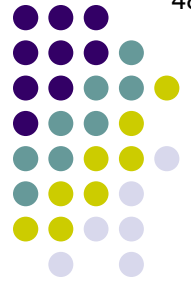
- Outpatient, PO abx if: **>1 yr**, nonsevere, no **systemic signs**
- Inpatient, IV abx and imaging if: **< age**, severe, **additional finding**



A

● Pediatric Pre-Septal Cellulitis

- Three common mechanisms:
 - 1) *Post-traumatic*
 - 2) 2° to *ocular/periocular* infection:
 - Conjunctivitis
 - Impetigo
 - Zoster
 - 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-traumatic*

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

- Conjunctivitis
- Impetigo
- Zoster

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**



Q

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
Decreased visual function	Never	Usually

What specifically does 'visual function' refer to here?
--
--



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What specifically does 'visual function' refer to here?
--Visual acuity
--Color vision (specifically, desaturation)



A

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<i>Fever</i>	Can be present	Usually
<i>Chemosis</i>	Never	Usually



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<i>Chemosis</i>	Never	Usually
<i>APD</i>	?	?



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

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Elevated IOP	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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What is the mechanism responsible for increasing IOP?
 Orbital congestion → compression of → increased → increased IOP



A

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Elevated IOP	Never	Can be present

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>		

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<i>Limited motility</i>	?	?

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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>Tenderness on palpation</i>	Never	Usually



Is it pre-septal cellulitis, or post-septal, i.e. 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
Red eye	Never	Yes
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<i>Tenderness on palpation</i>	Never	Usually



Is it pre-septal cellulitis, or post-septal, i.e. orbital cellulitis? The ability to rely on the redness of the eye or the presence of other 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
<i>Proptosis</i>	Never	Usually
<i>Lid edema</i>	Yes	Yes
<i>Red eye</i>	Never	Yes
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<i>Tenderness on palpation</i>	Never	Usually



Is it pre-septal cellulitis, or post-septal, i.e. orbital cellulitis? The ability to reliably identify the redness of the eye and the relative 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
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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