

Instruction to candidates – Aim for 8 minutes

You are an F2 in your ophthalmology placement currently working in the eye emergency department.

Gabriel Ogechi has come in after experiencing some problems with her vision. Take an appropriate history. The examiner will then ask you questions.

Name: Gabriel Ogechi

Age: 33 years

PC

“Doctor, I can’t open my eye.”

HPC

“Over the last 3 days my right eye has become increasingly swollen.”

“About 3/4 days ago I noticed the lower side of my eye was slightly red, when this first happened as the day progressed I noticed that it became a little tender to touch.”

“As the days progressed the swelling spread and it was becoming painful when moving my eye. I’ve been feeling a little feverish.”

“My GP 2 days ago prescribed an antibiotic cream that I put in my eye, I’ve even been washing my eye with warm water but nothing has helped. This morning, I couldn’t even open my right eye and it hurts so much when I touch my eye and I feel there is a lot of pressure on my right eye.”

No discharge from the right eye. No problems with left eye.

No change in vision in left eye. Not aware of any changes in vision in right eye apart from not being able to open right eye from this morning.

No headache or recent head trauma.

No recent surgical history in either eye.

Glasses and contact lenses are not worn or recently used.

No vomiting.

No headache.

No temporal sensitivity when brushing hair or chewing food.

Not aware of any foreign object going into eye.

No recent travel hx.

ICE:

I – “I have no idea why this is happening, maybe I scratched my eye when my hands weren’t clean.”

If specifically asked: You had a root canal procedure done about a week ago for a dental abscess

C & E – “I’m worried I am going blind. Please help me.”

PMH

Type 1 diabetes for over 20 years

MH

1% topical chloramphenicol

Novarapid – taken before or just after each meal

NKDA

SH

You live alone.

Work as an accountant.

No alcohol consumption.

No recreational drug use.

Image (On inspection):



Questions:

What do you think is going on here?

- Orbital cellulitis

How will you manage this patient?

- Admission for IV antibiotics as per Trust guidelines for orbital cellulitis.
- Contact ENT for review.

- Discussion with senior staff whether patient warrants CT head to check for any orbital abscess – which may require surgery if present.

Area	Clear Fail	Fail	Satisfactory	Good	Excellent
PC & HPC: Good range of open and closed questions asked.					
PMH & DH					
SH					
FH					
ICE					
Differential dx					
Investigations					
Rapport/communication skill					
Overall					

Feedback

Orbital cellulitis is requires urgent senior assessment and management. It is important to attain a history of any recent dental work or known local insect bites. Early recognition of orbital cellulitis is important in preventing the potential for vision threatening optic nerve compression or the spread of infection to the frontal lobe or cavernous sinus (which can be life-threatening).

Reference:

Williams, M., and Shirley, K. (2012). *Ophthalmological emergencies*. Available: <https://www.bmj.com/content/344/sbmj.e2842>. Last accessed 23rd Aug 2021.

Image reference:

Benjamin, F., et al. (2021). Analysis of 10 cases of orbital infections arising from odontogenic cervicofacial infections. *Nigerian Journal of Clinical Practice*. 24 (4), 546-550.