Case	(568) Endogenous or exogenous endophthalmitis. is important the image?
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CASE PRESENTATION

80 year-old male with a history of prostate cancer stage IV with lymph node involvement and peritoneal implants, goes to the emergency room by pain and eye redness. Exploration biomicroscopica by Ophthalmology presents purulent conjunctival chemosis with corneal erosions, ischemia limbar and fibrin in the anterior chamber.

Ultrasound shows vitreous ecos compatible with bands of fibrin and suspected endophthalmitis and request orbital TC for locoregional evaluation. Helical orbital CT with intravenous contrast and sagittal and coronal reconstructions showed irregular eye morphologic alteration, circumferential thickening and diffuse hiperrealce in covers of right eyeball, and thickening and marked enhancement of the lacrimal gland ipsilateral. Also associated mild thickening and enhancement of the extraorbitaria muscles and fat trabeculation pre and post-septal.

Retroorbitario abscesses are not evidenced. Identified also complete occupation of the right maxillary sinus and partial left, what could be cause of current endophthalmitis. Subsequently took conjunctival sample that tested positive for Pseudomonas aeruginosa

DISCUSSION

The diagnosis of endophthalmitis is clinical and image study helps assess the local extension of the process, the possible cause of this and other complications (abscesses, thrombophlebitis...)

Orbital infection can occur by 3 mechanisms:

1. By infection that extends to the orbit from neighbouring structures (the most common). The patient presented signs of maxillary sinusitis ipsilateral (only 5% of the sinusitis orbital infection and mainly are frontal and ethmoidal sinus).

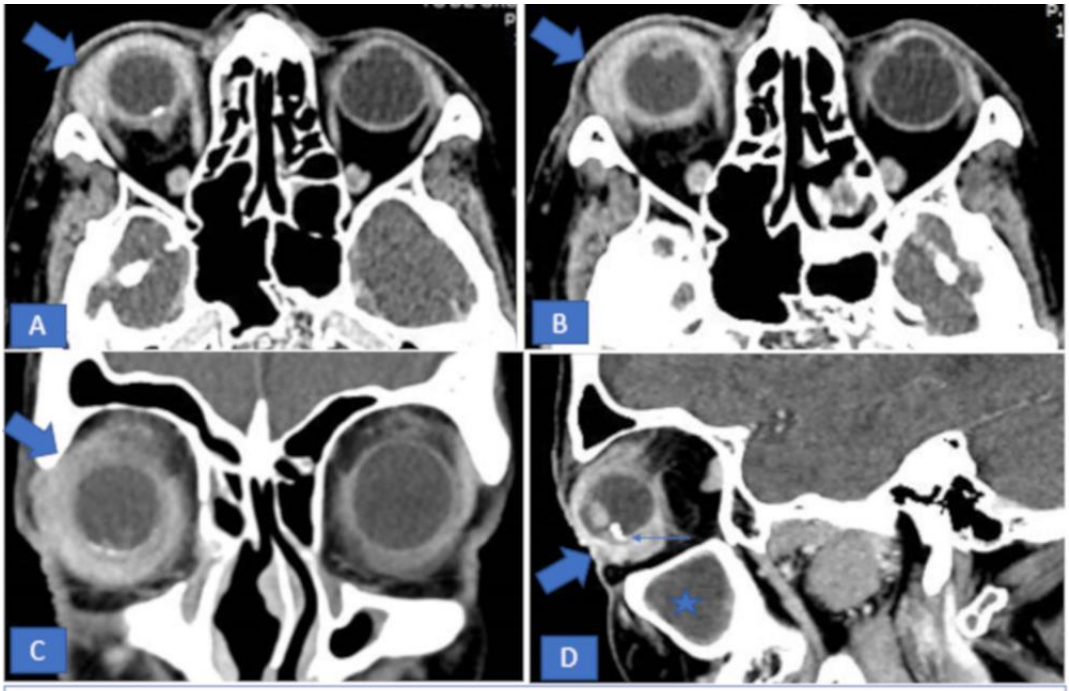
2. By direct inoculation by trauma or surgery. The patient did not show any of them and the displayed calcification was not demonstrated to be no foreign body. 3. By hematogenous dissemination. Extraocular main foci can be urinary tract or due to endocarditis, meningitis, pneumonia, infection of skin and soft tissue, intravenous catheters... Most of those affected have an underlying illness that predisposes them to infection (diabetes, immunosuppression, autoimmune, cardiovascular diseases or Neoplasms).

Bacterial endophthalmitis is uncommon (and the endogenous is only 5-10%) with a poor visual prognosis and chance of evolution to affectation of the contralateral eye or orbital cellulitis. A high index of suspicion for the establishment of an immediate treatment is

necessary.In our patient despite intraocular and intravenous treatment, he needed right maxillary drainage and enucleation surgery.

CONCLUSION

Right endogenous endophthalmitis patient cancer stage IV.



CT with enhancement. A and B axial, C coronal and D sagittal reconstruction, showing a marked thickening and enhancement of right ocular covers with involvement of the lacrimal gland and pre and postseptal fat (thick arrow). Nonspecific calcification (fine arrow). Occupation of right maxillary sinus (asterisk). Diagnosis: Endophthalmitis right eye.

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