DIFFERENTIAL DIAGNOSIS

The differential diagnosis of preseptal and orbital cellulitis includes trauma, orbital pseudotumor, thyroid orbitopathy (Table 4-3), myositis, sarcoidosis, Wegener’s granulomatosis, amyloidosis, polyarteritis nodosa, systemic lupus erythematosus (SLE), Tolosa-Hunt syndrome, and Kimura’s disease (angiolymphoid hyperplasia with eosinophilia). In infants with proptosis and inflammation, rhabdomyosarcoma must always be considered.

WORK-UP

- Blood cultures, sinus cultures, and a Gram’s stain and culture with sensitivities of any purulent material surgically drained can help to identify causative organisms and tailor treatment.
- Since infants do not mount vigorous immune reactions, a sepsis work-up is often indicated, which includes lumbar puncture with CSF culture, blood culture, and urine culture.
- CT is extremely useful in differentiating preseptal from orbital cellulitis. Imaging can identify intraorbital abscesses or collections, subperiosteal abscesses, and sinus disease.
- Ultrasound can also be helpful, especially for serial examinations to monitor the progress of therapy.