# Ophthaproblem

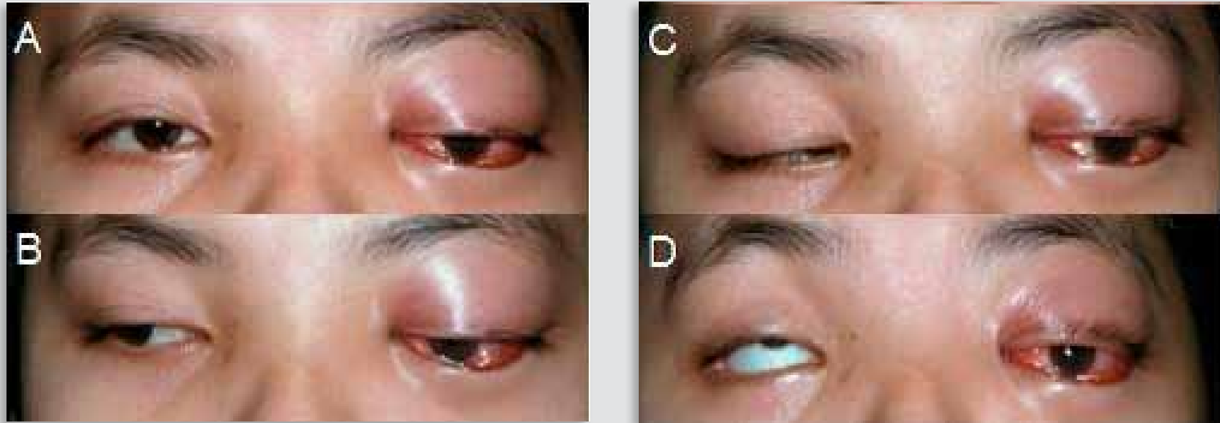


**Figure 1.** Marked restriction in motility of the affected left eye: *A) Primary position, B) right gaze, C) left gaze, and D) up gaze.*

## Can you identify this condition?

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An 18-year-old man presented to the emergency department with a 3-day history of progressive left eye proptosis, periorbital swelling, erythema, and pain. The remainder of his medical and ocular history was noncontributory. Results of functional inquiry were positive for headache, decreased visual acuity, and 1 week of nasal congestion. The patient denied having fever.

On examination, the left globe appeared inferiorly displaced, with conjunctival chemosis and moderate purulent discharge. Visual acuity was 20/20 in the right eye and 20/40 in the left eye. The pupils were reactive; however, there was a mild afferent pupillary defect in the left eye. Ductions were full in the right eye and severely limited in all directions in the left eye (**Figure 1**). Hertel exophthalmometry measured 5 mm of left eye proptosis. Tonometry revealed values of 18 and 26 mm Hg in the right and left eyes, respectively. Results of slit lamp examination were within normal limits, with the exception of conjunctival hyperemia previously noted on gross inspection. Fundoscopy revealed mild left optic nerve swelling.

### The most likely diagnosis is

1. Orbital cellulitis
2. Preseptal cellulitis

*Answer on page 1100*