Periorbital Necrotizing Fasciitis : Presentation To Management

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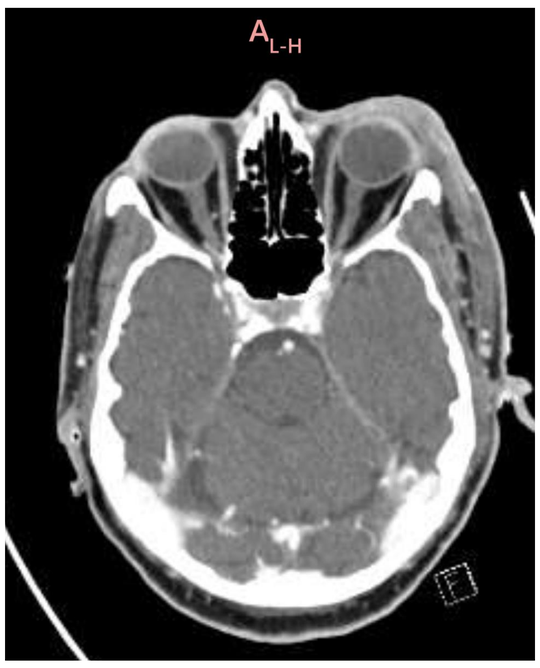
➢ Background

- Periorbital necrotizing fasciitis : rare but severe infection
- Often leads to sepsis with significant morbidity
- Early recognition is paramount
- Aggressive surgical debridement + broad-spectrum intravenous antibiotics are often unsuitable for the periorbital area due to risks of eyeball exposure, decline in vision, and disfigurement.

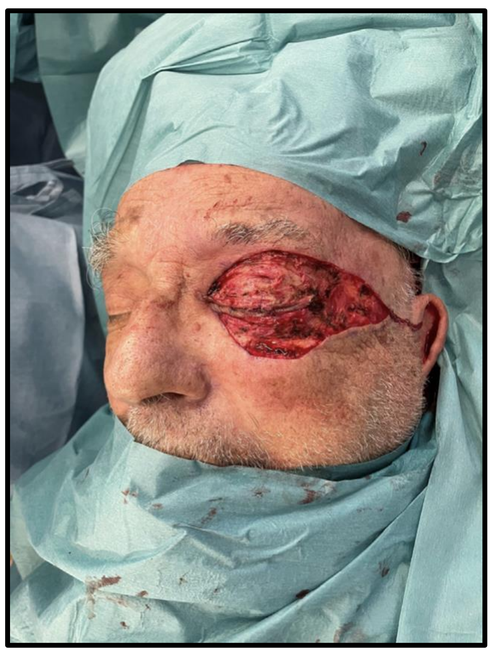
➢ Case Report

- 85yo male, left upper eyelid abscess with sepsis
- Blood tests : CRP 208 mg/L, leukocytosis 23.6 G/L and deterioration in renal function
- LRINEC score : 8
- CT Scan : diffuse left periorbital soft tissue infiltration. No collection or air intensities.

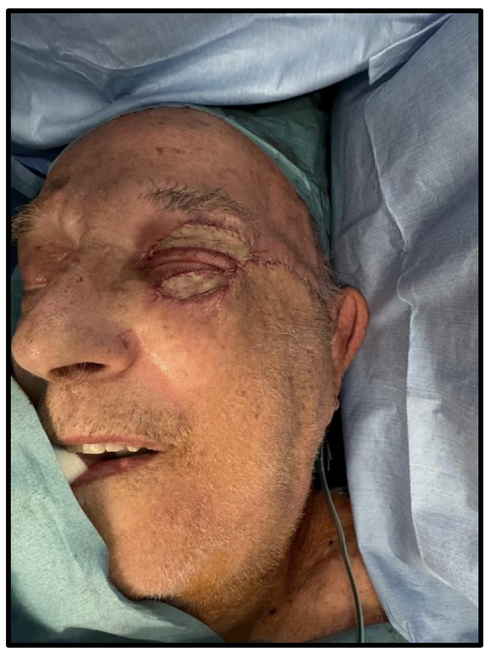
Day of admission



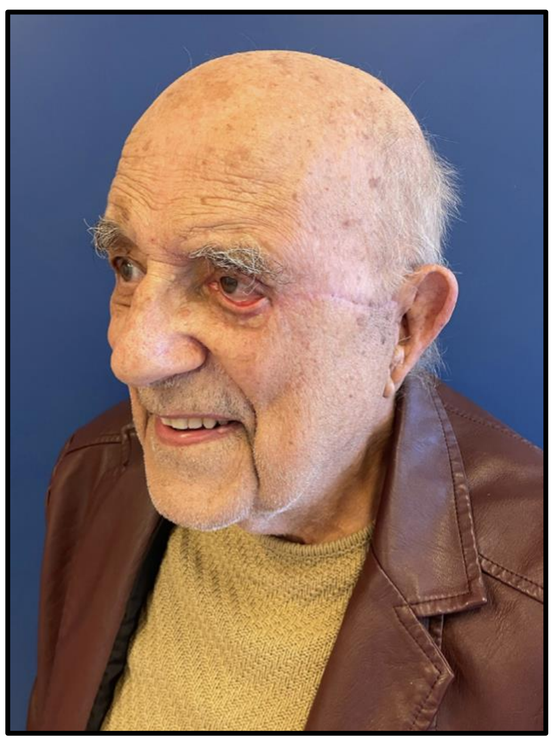
Head CT Scan on admission



Postop second debridement



Postop definitive reconstruction



3 months follow-up

➢ Results

- **Day 0** : 1st debridement (upper eyelid) + broad spectrum IV abx
- **Day 1** : 2nd debridement (upper and lower eyelids)
  → Group A *S. Pyogenes* : Cefazolin for a total of 14 days
- **Day 15** : definitive reconstruction after 2 weeks
  → Mustardé flap + full-thickness skin graft
- **Day 21** : patient discharged
- **3 and 9 months follow up** : ectropion
  → no desire for further surgery from the patient

➢ Conclusion

- Early recognition + prompt surgical intervention + tailored antibiotic therapy = key in the management of periorbital necrotizing fasciitis
- Early definitive reconstruction can be safely performed and the Mustardé flap is an effective surgical strategy.

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