How to Avoid Misdiagnosis: Lessons from Atypical Presentations

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Objectives

- How to spot atypical presentation of common conditions
  - Orbital cellulitis
  - Blepharitis
  - Ectropion
  - Tearing
Case: 34M “orbital cellulitis”

- Bump in medial canthus for past month, non erythematous or tendon
- No history of dental abscess
- Admitted for colonoscopy for polyp in 20s, no genetic testing
- PMHx: no RF for HIV, otherwise healthy
2 days: IV Vancomycin + ceftriaxone
5 days: IV Daptomycin + ceftriaxone
What is missing on CT?

A. Heterogeneity of mass
B. Sinus opacity
C. Fat stranding
D. Mucosal thickening
E. All of the above
Diffuse Large B cell Lymphoma

RCHOP x 4  
3 months
Case: 26F “orbital cellulitis”

- Right eyelid swelling treated with moxifloxacin drops from walk-in clinic, 2 days later added amoxicillin for 5 days
- No response, changed to Keflex for 5 days
- PMHx: healthy

- Globe displacement and proptosis
- mild erythema 3-4+ edema
- Restriction in aBduction
At Presentation
Post-op 36 hours
Embryonal Rhabdomyosarcoma

- Ifosfamide
- Etoposide
- Vincristine
- Cyclophosphamide
- Doxorubicin
67M Incidental Apex Mass
Atypical Orbital Cellulitis

- Lack of sinus opacity
- Lack of response to appropriate broad spectrum Abx
- Very mild or no inflammatory signs
  - Erythema
  - Chemosis
  - Pain
- Bone destruction

Take tissue biopsy in addition to culture
Case: 67F “rosacea blepharitis”

- Foreign body sensation for 7 years on doxycycline
- Tobradex BID for flares for up to 6 weeks
- PMHx: none significant
Case: 93F “blepharitis”

- Foreign body sensation and burning for past 3 years
- PMHx: none significant
What else would you like to do on exam?

A. Eversion of eyelid
B. Intraocular pressure
C. Schirmer test
D. Extraocular motility
E. None of the above
External Beam Radiation 66Gy in 33 fractions
Case: 64F “Chalazion”

- Persistent “scraping” sensation 2 weeks post I+D
- 6 months post: multiple growth, tearing and itching
- PMHx: HTN, asthma, GERD, arthritis, eczema, morbid obesity
What would you like next?

A. Tobradex ointment
B. Warm compress, lid scrub
C. CT scan
D. A + B
E. None of the above
SCC in situ
Lacrimal System SCC

- Dacryocystectomy + NLD excision
- + Ethmoidectomy
- Adjuvant topical chemotherapy (5FU/Interferon a2b)
Atypical Blepharitis

- Lid margin thickening
- Loss mucocutaneous junction
- Palpebral conjunctival thickening
- Madarosis
Case: 67M “ectropion”

- Multiple nasal poly removal showing inverted papilloma
- Now bothered by the lid and new bump
- PMHx: none significant
Case: 37F with “NLDO”

- Right intermittent epiphora for past 2 years
- Progressive right medial canthus welling past year
- PMHx: none significant

- Soft palpable mass of medial canthus
- Probe and irrigation 100% patent, no mucous regurgitation
- Pathology: Follicular lymphoma grade 1-2
- Dacryocystectomy
- RT 26Gy in 13 fraction
- Endonasal DCR with intubation 16 months later
Atypical Presentation

- Lacrimal sac distention without any mucous with any patency on irrigation
- Be suspicious of any cicatricial changes after repeated surgeries
- Lid micro structure changes in “chronic blepharitis”
- Cellulitis with minimal inflammatory signs, lack of sinusitis or response to appropriate broad spectrum antibiotics
Thank You.