

PSUEDOMONAS SINUSITIS COMPLICATED BY ORBITAL APEX SYNDROME

Purpose. Sinusitis complicated by orbital apex syndrome is rare. The majority of cases reported in the literature are of mucormycosis in immunocompromised patients. We report a case of orbital apex syndrome secondary to pseudomonas sinusitis in a diabetic patient.

Methods. Retrospective case report of a diabetic patient with orbital apex syndrome secondary to pseudomonas sinusitis presenting to a tertiary ophthalmology centre in Sydney, Australia.

Results. A 79 year old Type 2 diabetic female underwent routine functional endoscopic sinus surgery where a fungal mycetoma was observed clinically and routine microbiology grew *Aggregatibacter segnis*. Three months post-procedure, the patient presented with a 3 week history of gradual vision loss and constant temporal headache on the ipsilateral side. Examination revealed light perception vision, an RAPD, motility limitation, absent corneal reflex and mild disc pallor. Imaging revealed opacification of the posterior ethmoidal air cells extending through the posteromedial orbital wall to involve the orbital apex. An urgent orbital and sinonasal decompression was undertaken where microbiology grew *Pseudomonas aeruginosa* with no fungus isolated. The patient was treated with liposomal amphotericin B, posaconazole and tazocin. The patient recovered with no visual sequelae.

Conclusion. Sinusitis complicated by orbital apex syndrome is rare. *Pseudomonas* sinusitis may be a mimicker of mucormycosis and should be considered as a differential in diabetic patients.