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Mini Review

Rhinogenic Orbital Complications

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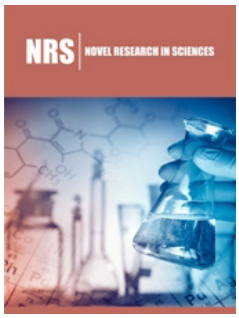
ISSN: 2688-836X



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Submission: October 16, 2021

Published: November 29, 2021

Volume 9 - Issue 5

How to cite this article: Azizagha Talishinskiy. Rhinogenic Orbital Complications. Nov Res Sci. 9(5). NRS. 000725. 2021.
DOI: 10.31031/NRS.2021.09.000725

Introduction

The clinical symptoms and the choice of treatment tactics of rhinogenic orbital complications depend on the nature and location of the inflammatory process. In this regard, various clinical classifications have been proposed in the literature, and they usually cover purulent forms of complications and do not always allow the selection of the right treatment tactics. The purpose. To clarify the forms of rhinogenic orbital complications, which can allow choosing treatment tactics based on clinical symptoms and modern diagnostic methods. Materials and methods. 130 patients with rhinogenic orbital complications were examined and treated. 61 of them were under 15 years old. Patients were examined by general clinical, otorhinolaryngological examinations, endoscopy of the nasal cavity, CT, MRI, ultrasound examination of the nasal sinuses, orbit, skull and brain. Patients underwent ophthalmological and neurological examinations and were examined by a neurosurgeon. Microbiological examination, biochemical and immunological analysis of the secretion taken from the pathological focus was performed.

Result

Table 1: Clinical forms of rhinogenic orbital complications.

Clinical Forms of Preceptal Location of Complications and Number of Patients		Clinical Forms of Postceptal Location of Complications and Number of Patients	
Reactive edema of eyelids	8	Reactive edema of orbit tissue	10
Cellulite	17	Cellulite	16
Osteoperiostitis	9	Osteoperiostitis of orbital walls	9
Subperiostal abscess	11	Subperiostal abscess	10
Abscess of eyelids	4	Retrobulbar abscess	12
Fistula of the eyelids and orbital walls	3	Phlegmon of orbit	9
		Thrombosis of orbital vein and cavernous sinus	3
		Retrobulbar neuritis	4
		Cystic expansion of the frontal, sphenoid sinuses and ethmoid labyrinth	6
Total	51		79

The causes of orbital complications were acute sinusitis in 80 patients, chronic sinusitis in 41 patients, in remaining 9 patients-traumatic lesions of the cribrose and paper plate of the labyrinth and frontal sinus walls, intranasal operations, abscess of the nasal septum, the lesion of the walls of sinuses because of cranial base fractures, cystic expansion of paranasal sinuses, nasal furuncle and carbuncle, tumors of the nasal cavity and paranasal sinuses.

Depending on the localization of the pathological focus in the orbit relative to the tarzoorbital fascia, preseptal and postseptal localized complications were distinguished. These forms significantly explained the occurrence of clinical symptoms of complications and the rationale for the choice of surgical approach to the pathological focus. As a result of the research, the clinical forms of orbital complications were clarified, and they are given in the Table 1. The preceptal form of complications was observed in 39.23% of patients, and the postseptal form in 60.77% of patients. 20.25% of postseptal complications are cellulite, 39.24% are subperiosteal and rerobulbar abscesses, purulent processes such as phlegmon of the orbit, 8.86% are retrobulbar neuritis requiring urgent surgical care, thrombosis of orbital tissue and cavernous sinus.

Conclusion

a) The suggested classification covers all clinical forms of orbital complications and justifies the choice of their treatment methods.

b) The clinical symptoms of orbital complications depend on the location of the pathological process relative to the tarsoorbital fascia. Characteristic symptoms of postseptal localized pathology include exophthalmos, chemosis, dislocation of the eyeball, impaired vision. In postseptal cellulitis, the surgery in sinuses should be applied, if no effect from active sanitation of the etiological focus and adequate antibacterial therapy within 2 days.

c) Treatment of preceptal complications should be performed by sanitation of the etiological focus with conservative methods (except for eyelid abscess and preceptal subperiosteal abscess).

d) In postseptal purulent complication forms in the appropriate nasal sinuses and orbit the emergency surgery should be applied.