

Case Report

# Frontal osteomyelitis presenting as upper eyelid ectropion: A cautionary tale



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## Abstract

Frontal osteomyelitis is a rare clinical entity that can occur as sequelae to frontal sinusitis, head trauma, as a postoperative complication following sinus surgery or due to haematogenous spread. It usually presents with a soft, fluctuant forehead swelling with pain and fever. Cicatricial ectropion is an extremely rare feature of frontal osteomyelitis. We present a young male patient presenting with cicatricial ectropion that occurred as the sole manifestation of an underlying frontal osteomyelitis. Extensive Medline search did not find any such reported case. We feel that frontal osteomyelitis should be kept in mind as a possible etiology when considering the differential diagnosis of cicatricial ectropion.

**Keywords:** Osteomyelitis, Frontal sinusitis, Cicatricial ectropion

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## Introduction

Ectropion is etiologically classified as involutinal, paralytic, cicatricial and mechanical. The lower lid is predominantly affected. The upper lid, when affected, is usually cicatricial in nature, secondary to trauma, burns, dermatitis and ichthyosis.<sup>1</sup> We present a rare case of frontal bone osteomyelitis presenting as cicatricial ectropion of the upper lid in an seven year old boy. Our purpose is to increase awareness regarding this rare cause of ectropion, so that delayed diagnosis with complications can be avoided.

## Case report

A seven year old boy, presented to us with the complaint of an upturned left upper lid for the past four months.

Apart from that, there was no history of any ocular or periocular trauma, fever, headache, vomiting, weight loss, malaise, loss of consciousness, convulsions, diminished vision

or any pain or swelling in and around the region of the affected eyelid. There was no history of any ocular or systemic illness or any history of sinus or cranial surgery. The patient was not on any topical or systemic drugs. He had no family history ocular or systemic disease. Ear, throat and dental examinations were normal. On examination he was well nourished, alert and afebrile. The physical and neurological examinations were unremarkable. The uncorrected visual acuity was 20/20 in the right eye and 20/20 in the left eye. The left upper lid had a cicatricial ectropion, with adherence of the upper lid to a scarred area adjacent to the eye brow (Fig. 1). The scar was adherent to the underlying bone and a small sinus was noted in the scarred area with a drop of thick purulent discharge. The pus from the sinus was positive for Staphylococcus aureus and smear negative for acid fast bacilli.

In down gaze lid lag was noted (Fig. 2) and there was lagophthalmos without corneal exposure. Anterior segment and fundus examination of both eyes were within normal

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**Figure 1.** Photograph showing cicatricial ectropion of the left upper eyelid.



**Figure 2.** Photograph showing lid lag in downgaze.

limits. Peripheral blood smears showed leukocytosis with monocytosis. ESR and C-reactive protein values were raised. Fasting and postprandial blood sugar, Mantoux test and anteroposterior chest X-ray were all within normal limits. Immunological tests were normal. A CT scan of brain and orbits revealed presence of irregular and patchy areas of sclerosis involving the outer table of the frontal bone on the left side, (Fig. 4) with presence of a dense loose fragment, with irregular, sharply demarcated edges, lying within a cavity in the bone suggestive of sequestrum (Fig. 5). A diagnosis of chronic osteomyelitis of the skull was made. Bone windows showed the extent of bony destruction (Fig. 5). Intracranial MR imaging ruled out intracranial involvement (Fig. 3). The patient was started treatment with broad spectrum intravenous antibiotics and referred to neurosurgery where he is

scheduled to undergo removal of the necrotic bone and drainage of the pus with continuation of parenteral antibiotics.

### Discussion

Chronic osteomyelitis is usually a sequel to acute osteomyelitis though occasionally it is subacute or chronic from the beginning. The commonest site of chronic osteomyelitis is the long bones. Frontal bone is a rare site for osteomyelitis. Studies show that only 2% of all cases of osteomyelitis in children are cranial and in an even smaller number of cases, osteomyelitis involves the frontal bone.<sup>2</sup>

Frontal osteomyelitis results in a typical fluctuant swelling on the forehead called the "Potts puffy tumor" after Sir



**Figure 3.** MRI plate with a solid white arrow pointing to a sequestrum within an area of osteolysis with some soft tissue involvement immediately below it.

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