Orbital & Peri-Orbital Cellulitis

General points

- Orbital cellulitis is an ophthalmic emergency.
- Urgent ophthalmology and/or ENT referral advised.
- Consider intra-cranial / CNS involvement.
- Out-rule odontogenic source.
- Send blood cultures and swab for culture if purulent discharge.

Antibiotics (Empiric therapy)

Peri-orbital cellulitis (non-severe)

Co-amoxiclav 625mg TDS PO or 1.2g TDS IV

Penicillin allergy : **Doxycycline** 200mg stat then 100mg once daily PO.

P eri-orbital cellulitis (severe or with systemic toxicity) & all Orbital Cellulitis

Flucloxacillin 1-2g QDS IV

+

Ceftriaxone 2g BD IV

+

Metronidazole 400mg TDS PO

If known or suspected **MRSA change** use **Vancomycin** OR **Teicoplanin** instead of Flucloxacillin above while awaiting culture results. (Please see Vancomycin / Teicoplanin dosing schedule).

Oral switch when clinically improved **Co-amoxiclav** 625mg TDS PO. If MRSA isolated contact microbiology for advice.

Severe IgE mediated reaction/anaphylaxis to penicillin:

***Levofloxacin** 500mg BD PO

+

Metronidazole 400mg TDS PO

+

Vancomycin (Please see Vancomycin dosing schedule).

***** Please read the HPRA Drug Safety Alert issued in 2018 and the HPRA Drug Safety Newsletter issued in 2023 highlighting restrictions on use of fluoroquinolones (eg. ciprofloxacin, levofloxacin) due to the risk of disabling, long-lasting and potentially irreversible side effects (including tendon damage, QT prolongation, neuropathies and neuro psychiatric disorder). Use of fluoroquinolones in older patients, those with renal impairment, solid organ transplantation or on systemic corticosteroids increases the risk of tendon damage.

Comments

- Review empiric therapy with microbiology test results after 48h.
- Discuss with Clinical Microbiologist regarding duration of antibiotics.