

**EXOPHTHALMOS AND THIRD NERVE PALSY DUE TO
ACUTE EMPYEMA OF THE POSTERIOR ETHMOI-
DAL SINUS—CURED BY INTRANASAL OPER-
ATION.***

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The patient, G. H. B., male, age 50, occupation bookkeeper, was referred to me by his family physician, November 24, 1919.

History: Ten days before I saw him there set in a burning pain around his right eye and deep in the orbit. Within twenty-four hours his right upper eyelid fell down and the eye turned outward. The vision seemed unaffected. Denies syphilis.

Examination. There was some exophthalmos, complete ptosis, 20° divergence and partial mydriasis of the pupil, right eye. The motility was sluggish, the pupil responded feebly to light and effort of accommodation. Tension of the eyeball normal, ophthalmoscopic examination negative. Field of vision normal. Vision 20-40 becoming 20-20 with ± 0.50 D. Sph. lens.

Diagnosis. Paralysis of the third nerve (right side). Patient sent to hematologist for Wassermann test which was returned negative. The next day (November 25th) X-ray examination was made by Dr. Lange and the report came that there was complete clouding of right frontal, right ethmoidal and right antrum regions. Left sinuses negative.

Examination of the nose. The middle and inferior turbinated bodies were acutely hypertrophied. Left nares normal. There was a trail of mucopurulent secretion on the posterior wall of the pharynx on the right side evidently coming from his right posterior ethmoid.

Diagnosis changed to sub-periosteal abscess of the right orbit at the apex from pansinusitis right side.

The appearance of the patient at this time is shown in the accompanying photograph taken November 28, four days after he came to see me or two weeks after his first symptom.

Patient was then referred to my partner, Dr. F. W. Lamb, for intranasal surgery designed to drain the abscess.

*This case was demonstrated at the Middle Section of the American Laryngological, Rhinological and Otological Society at Cincinnati, February 20, 1920.

Dr. Lamb used suction treatment until December 17, succeeding at each treatment in drawing out a large amount of yellow pus from the sphenoidal region in the nasal attic. After each treatment the patient experienced relief, but finally (December 17) Lamb performed exenteration of the right ethmoid labyrinth dropping into an enormous posterior ethmoidal sinus which was full of yellow pus. The nasal wall of the ethmoid bone was much softened so that it was easy to enter the structure of the bone. From this time on the recovery was very prompt. The upper lid began to show power within three days after the operation and in ten days had regained normal power. The eye became straight and worked harmoniously with its fellow. The exophthalmos entirely disappeared and, in short, recovery was complete.



Interpretation: There was probably a sub-periosteal abscess of the orbit which had broken through the orbital wall from the posterior ethmoid sinus and which fortunately did not rupture through the preiosteum to produce orbital abscess. There was some drainage in the nose established by nature from the abscess cavity. In other words it was not a locked up abscess. The optic disc was normal in appearance because the abscess did not interfere with the blood vessels entering the nerve as it was located too far back.