

OR-098

**An Uninvited Guest in the orbit**

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The purpose of this article is to present an 80-year-old patient with a history of a 3-month-long headache in the left forehead region, as well as 14 days of double vision and severe deterioration of vision in the left eye. Ophthalmologic examination revealed left-sided sensory loss in the V1 dermatome, left-sided paresis of cranial nerves III, IV, and VI, and swelling of the left optic nerve head with significant visual field defects. Imaging of the head showed a mass in the left ethmoidal sinus, orbital apex, and superior orbital fissure. An ENT surgical intervention was performed to remove the mass and decompress the left optic canal. Histopathological examination of the samples revealed invasive fungal inflammation. Microbiological tests identified *Aspergillus fumigatus*. Infectious disease specialists initially initiated treatment with amphotericin B, followed by a 3-month course of voriconazole and a subsequent 4-month course of itraconazole after the fungal infection was identified. A follow-up brain MRI showed regression of the changes. Sensitivity and bulbomotor function fully recovered, while vision was lost due to optic nerve atrophy.

In the patient, we could observe signs of orbital apex syndrome with complete loss of visual function and superior orbital fissure syndrome with disturbances in bulbomotor function and sensation, which were reversible. Invasive aspergillosis is a very rare condition, most commonly limited to the lungs and paranasal sinuses. However, in its invasive form, especially in immunocompromised individuals, progression into the orbit and intracranially is possible. Rapid diagnosis and treatment are crucial to prevent serious complications, including vision loss and potential death. A multidisciplinary approach involving ophthalmologists, ENT/neurosurgeons, and infectious disease specialists is essential for the effective management of these complex conditions.

**Nepovabljen gost v orbiti**

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Namen prispevka je prikaz 80-letnega bolnika z anamnezo 3 mesece trajajočega glavobola v predelu leve strani čela ter 14-dni trajajočih dvojnih slik in hudega poslabšanja vida na levo oko. Z oftalmološkim pregledom smo odkrili levostransko moteno senzibiliteto dermatoma V1, levostransko parezo III, IV. in VI. možganskega živca ter edem papile levega vidnega živca z izrazitimi izpadi vidnega polja. Slikovna diagnostika glave je prikazala maso v predelu levega etmoidalnega sinusa, orbitalnega apeksa in zgornje orbitalne fisure. S strani ORL je bila opravljena kirurška odstranitev spremembe ter dekompresija levega optičnega kanala. Patohistološki pregled odvzetih vzorcev je prikazal invazivno glivično vnetje. Mikrobiološke preiskave so identificirale *Aspergillus fumigatus*. S strani infektologa je bila sprva uvedena terapija z amfotericinom B, ob identifikaciji glive, pa je sledilo 3 mesečno zdravljenje z vorikonazolom in kasneje 4 mesečna terapija z itraconazolom. Kontrolna MR glave je prikazala regresijo sprememb. Senzibiliteta in bulbomotorika se je v celoti povrnila, vidna funkcija pa je na račun atrofije vidnega živca bila izgubljena.

Pri bolniku smo lahko videli znake sindroma orbitalnega apeksa s popolno izgubo vidne funkcije ter sindrom zgornje orbitalne fisure z motnjami bulbomotorike in senzibilitete, ki so bile reverzibilne. Invazivna aspergiloza je zelo redko stanje, ki je najpogostejše omejeno na pljuča in paranazalne sinuse, kadar pa gre za invazivno obliko, predvsem pri imunokompromitiranih pa je možen progres v orbito in intrakranialno. Hitra diagnoza in zdravljenje sta ključna za preprečevanje resnih zapletov, vključno z okvarami vida in potencialno smrtjo. Multidisciplinarni pristop, ki vključuje oftalmologe, otorinolaringologe/nevrokirurge in infektologe, je bistven za učinkovito obvladovanje teh kompleksnih stanj.