## PP050 ORBITAL APEX SYNDROME SECONDARY TO FUNGAL SINUSITIS

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### INTRODUCTION

Fungal sinusitis is notorious for rapid intracranial spread. It carries high mortality rates especially among immunocompromised patients. Orbital apex syndrome (OAS) is a rare medical disease involving damage to multiple cranial nerves due to mass lesions occurs at the orbital apex.

### CASE PRESENTATION

A 56-year-old woman with a 3 weeks history of headache visited our emergency department after developed acute onset of left eye partial ptosis and diplopia. She had left eye proptosis and opthalmoplegia with cranial nerve II, III, IV and VI involvement. Computed Tomography of brain and paranasal sinuses showed left sphenoid sinusitis spread through the dehiscence in the superolateral sphenoid sinus wall to the orbital apical structures. She underwent left endoscopic decompressive sphenoidectomy. Histopathology analysis of nasal cavity and parasinus detected fungal ball in keeping with mucor/rhizopus sp. She was diagnosed to have left eye orbital apex syndrome secondary to fungal sinusitis and was treated with intravenous Amphotericin B.

### DISCUSSION

Unfavorable location and poor ventilation are the probable factors involved in isolated sphenoid sinusitis. Invasive infections can be detected by imaging procedures such as CT scan and MRI but laboratory confirmation such as fungal stain and biopsy are of great importance.

### CONCLUSION

1.To identify main clinical differentiators between OAS, cavernous sinus syndrome and superior orbital fissure syndrome.

2.Early consideration of the possibility of a fungal pathogen as the causative agent in immunocompromised patient is important.

3.Prompt diagnostic investigations including CT scan, fungal cultures and Histopathological analysis increase the chance of favourable outcome.