Dreaded lazy eyelid in an innocent jammed sinus - a rare presentation of acute sinusitis presenting with acute unilateral ptosis

Nilanka Mudithakumara[1*], Viraj Jayasinghe[2]
1. Post Graduate Institute of Medicine, Sri Lanka
2. Lady Ridgeway Hospital for Children, Sri Lanka
Correspondence to: Nilanka Mudithakumara
*Post Graduate Institute of Medicine, Sri Lanka.
Email: tmnilanka@gmail.com
DOI: 10.24911/SJEMed.12-2623

Background: Unilateral ptosis in children may indicate neurological, ophthalmological, mechanical, neoplastic, or infectious pathology. Acute sinusitis commonly presents with facial pain, swelling, and catarrhal symptoms, while associated ipsilateral ptosis may suggest orbital or cavernous sinus involvement. We report a 13-year-old Sri Lankan boy with unilateral ptosis and one week of nasal congestion secondary to frontal sinusitis without evidence of neurological infection, trauma, or cavernous sinus thrombosis. This unusual presentation emphasizes careful clinical assessment and targeted radiological evaluation.

Case Presentation: A 13 -year-old boy presented to the emergency department with left-sided drooping eyelid, chronic ipsilateral headache, and seven days history of nasal congestion. He had no fever, trauma, toxin exposure, photophobia, or neck stiffness and was not ill appearing. Examination demonstrated partial left-sided ptosis without diplopia, pupillary changes, ophthalmoplegia, or other neurological abnormalities. Magnetic resonance imaging showed no brain pathology or cavernous sinus thrombosis but demonstrated left frontal sinusitis with mucosal thickening. Full blood count, inflammatory markers, and septic screening were negative. Lumbar puncture and blood cultures revealed no evidence of neurological infection or septicemia. Empirical intravenous ceftriaxone was initially commenced and subsequently scaled down to oral Co-amoxiclav, nasal decongestants, and simple analgesics. The ptosis improved markedly within days, with no additional neurological or infectious complications identified during treatment.

Conclusion: Acute unilateral ptosis in a previously healthy child requires the prompt exclusion of life-threatening neurological, orbital, and infectious causes; however, uncomplicated acute frontal sinusitis should also be considered when investigations exclude serious pathology and symptoms improve with appropriate medical therapy.

Keywords: Unilateral ptosis; pediatric ptosis; frontal sinusitis; acute sinusitis; cavernous sinus thrombosis; pediatric emergency; ophthalmology.