A Necrotized Eyelid

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Picture.

A 62-year-old Thai woman administered prednisolone for systemic lupus erythematosus complained of progressive swelling of her right eyelid accompanying a high fever. The patient developed shock, and *Streptococcus pyogenes* was isolated from her blood and periorbital tissues. Under a diagnosis of periorbital necrotizing fasciitis (PNF) and endophthalmitis complicated with streptococcal toxic shock syndrome, she underwent intensive care and successfully recovered. However, the periorbital lesion remained necrotic (Picture), resulting in poor visual acuity of hand motion.

PNF is extremely rare with an incidence rate of less than 1 per million per year (1). Group A β -hemolytic *Streptococcus* is the most common pathogen and complication of toxic shock syndrome is frequently observed (1, 2). Although the mortality of PNF is relatively low (approximately 10%) compared to that occurring in the extremities, the infection can result in blindness and cosmetic issues. Early awareness followed by appropriate treatment is essential for a better prognosis of this infection.

The authors state that they have no Conflict of Interest (COI).

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