

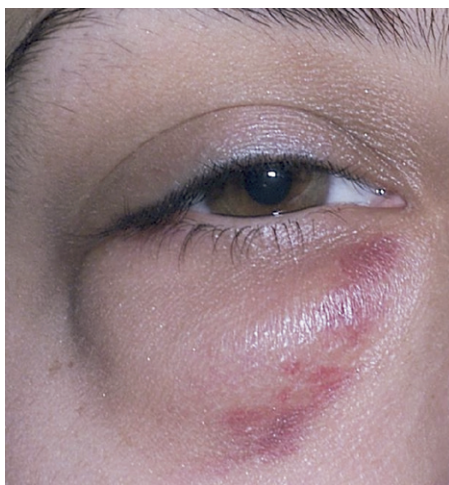
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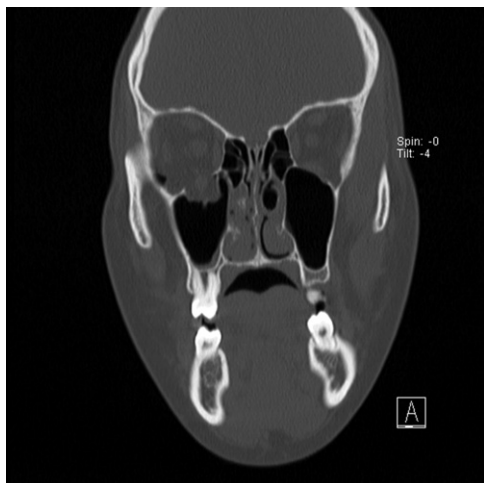
0196-0644/\$-see front matter

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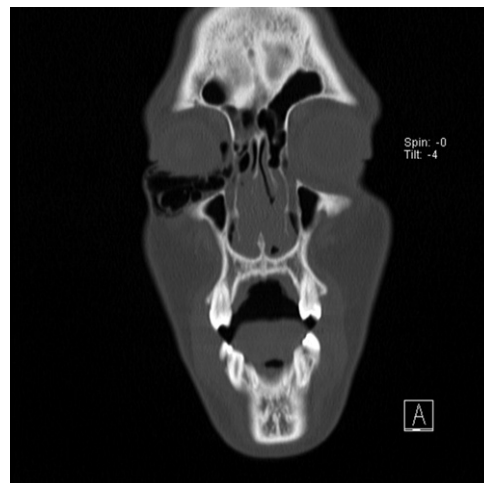
doi:10.1016/j.annemergmed.2007.12.027



**Figure 1.** Lower eyelid emphysema and ecchymosis.



**Figure 2.** Computed tomographic image.



**Figure 3.** Computed tomographic image showing periorbital emphysema. Used with permission of Glenn K. Geeting, MD, Department of Emergency Medicine, Penn State Hershey Medical Center, Hershey, PA.

[Ann Emerg Med. 2008;52:338.]

This 22-year-old otherwise healthy woman was struck in the right eye with an open hand the evening before presenting to the emergency department. The next morning, she blew her nose and experienced an abrupt onset of right periorbital swelling. She later complained of numbness of the right cheek and diplopia on upward gaze. The examination result was unremarkable, except for a swollen right lower eyelid with palpable crepitus (Figure 1).

*For the diagnosis and teaching points, see page 367.*

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## IMAGES IN EMERGENCY MEDICINE

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**DIAGNOSIS:**

*Orbital blowout fracture.* Orbital fractures are generally the result of blunt force trauma to the eye, causing a fracture of the thin bony wall or floor of the orbit (Figures 2 and 3).<sup>1</sup> Increased pressure from sneezing, nose blowing, or coughing may precipitate air passage through a previously injured inferior or medial orbital wall.<sup>2</sup> The inferior rectus muscle may become entrapped, resulting in diplopia on upward gaze. Injury to the inferior orbital nerve may result in decreased sensation of the cheek and upper lip.

Management is controversial and surgical repair is generally delayed.<sup>1</sup> She was operated on 3 days later and had a complete recovery.

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