

# Cavernous Sinus Thrombosis a Rare Complication of Herpes Simplex Labialis

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**Fig.-1:** Herpes labialis in left angle of mouth with both eye are congested, chemosis, proptosis and right sided 6<sup>th</sup> cranial nerve palsy.

A 40 year old man presented with fever for 3 days followed by ulcerative lesion involving the left angle of mouth and lips. On 5<sup>th</sup> day of his illness, he developed severe throbbing headache, ocular pain with redness and swelling of the both eye. Previous medical history was

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**Fig.-2:** eye congested with chemosis and proptosis.

unremarkable. Clinical examination revealed an ulcerative lesion with yellowish brown crust in left angle of mouth involvement of the lips. Both eyes were congested with lacrimation, chemosis, proptosis and right sided 6<sup>th</sup> cranial nerve palsy. Fundoscopy revealed bilateral papilloedema. MRV (magnetic resonant venography) showed cavernous sinus thrombosis. MRI (magnetic resonant imaging) of the brain was normal. Finally he diagnosed as a case of Herpes simplex labialis with Cavernous sinus thrombosis. He was treated with intravenous Acyclovir, intravenous Ceftriaxone, intravenous Vancomycin, intravenous Dexamethason and antipyretic. He completely improved after 2 weeks of treatment.

Cavernous sinus thrombosis (CST) commonly results from infection spreading from the nose, lip, teeth, jaw, through draining vein or paranasal sinuses.<sup>1</sup> *Staphylococcus aureus* is the most common infectious microbe, found in 70% of the cases. Painful ophthalmoplegia, proptosis and chemosis with periorbital oedema associated with facial numbness and fever.<sup>2</sup> Sixth nerve palsy is the most common. The disorder may be bilateral. Diagnosis is done on clinical suspicion supported by venography. This infection is

life-threatening and requires immediate treatment, which usually includes antibiotics and sometimes surgical drainage.<sup>1,2,3</sup>

**References:**

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