

Personal history and reason for inquiry:

73 years old woman be allergic to Duloxetine, Citalopram, diclofenac and Tramadol.

- Depressive disorder currently untreated.
- Hyperlipidemia
- Generalized osteoarthritis.

Usual treatment: simvastatin and analgesics to demand.

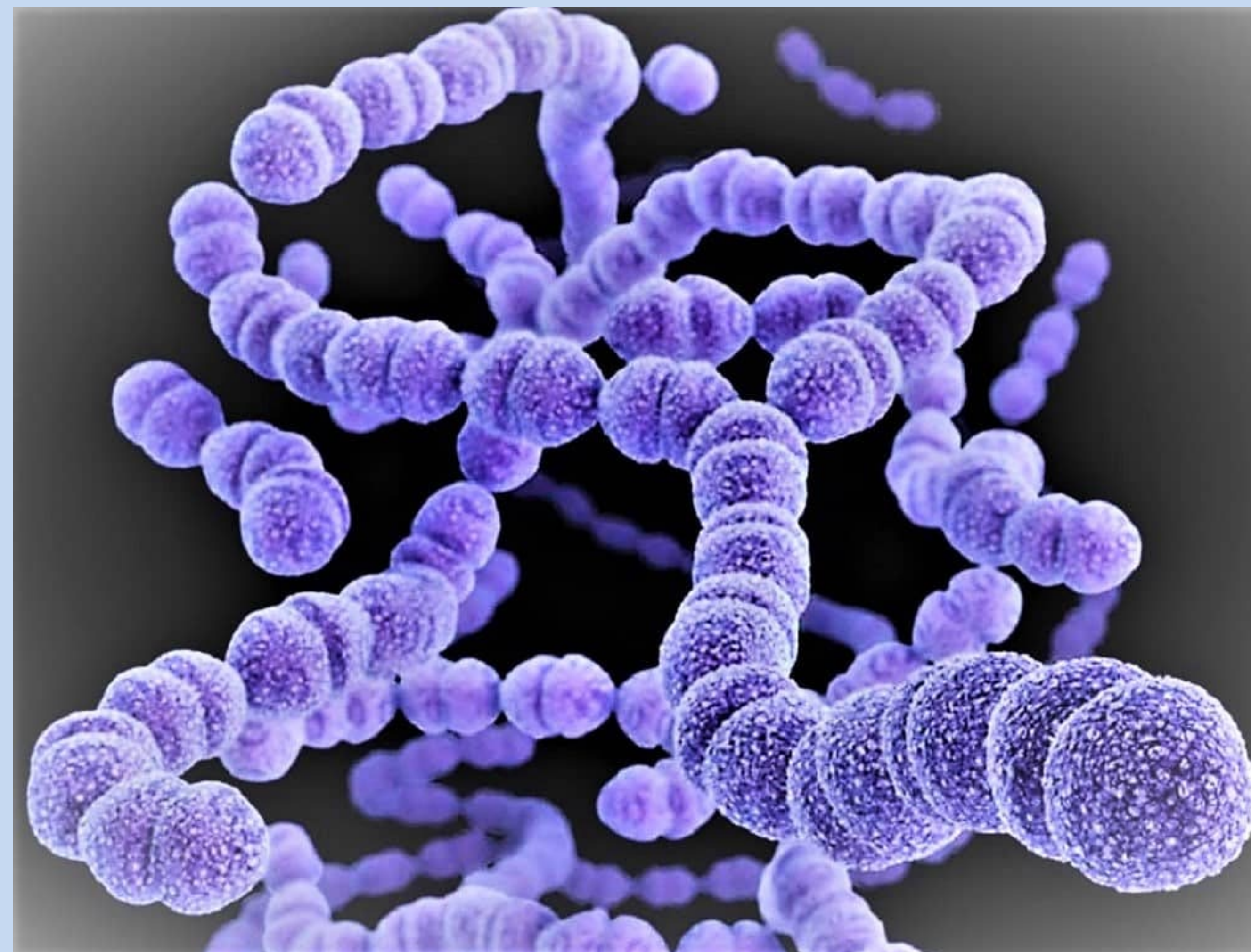
Go to emergency for inconvenience level right eye with secretions from morning dominance of days of evolution that does not improve with the use of carbomer + dexpanthenol. He decides to go by appearance of fever of 38 degrees yesterday.

Physical examination:

Patient with good general, afebrile status at the time of the inquiry, presented to scan painful swelling and Erythema with temperature increase at the level of nose and paranasal areas with painful or pits adenopathies.

Complementary tests:

- Analytical income: highlights Leukocytosis with neutrophilia.
- Radiography of paranasal sinuses: findings of interest.
- TAC skull and facial massif: rhinosinusitis ethmoid and maxillary right-compatible images.



Evolution:

He is consultation with ENT's guard who after valuation decides admission for intravenous antibiotics prior extraction for blood cultures that will be positive for Streptococo Pyogenes.

Conclusions:

What began as something painful simple eye discomfort with increase of eye secretion, ended with hospital admission by a picture of ethmoid and maxillary rhinosinusitis by pyogenes cause. The patient during the anamnesis referred to at the beginning of the table he consulted an "ophthalmologist" who created the symptomatic treatment saw him "some wounds in the eye," which finally turned out to be a facial herpes. The patient not consulted an ophthalmologist, they attended an optics, confusing terminology, ophthalmology, optics.

