An older patient with history of alcohol use disorder was admitted for altered mental status present since becoming incarcerated 11 days prior. The patient remained persistently delusional and psychotic despite treatment for alcohol withdrawal, including maintenance intravenous fluids, lorazepam, haloperidol, and intravenous thiamine on admission. The psychiatric service subsequently started valproic acid, 500 mg in the morning and 700 mg in the evening, and olanzapine, 5 mg in the morning and 10 mg in the evening. On hospital day 2, the patient remained afebrile but acutely developed bilateral periorbital edema. Results of metabolic laboratory tests and cell counts were remarkable for mild hypernatremia (sodium level, 152 mEq/L [reference range, 136-145 mEq/L]; to convert to mmol/L, multiply by 1) and leukocytosis (white blood cell count, 17000/mm3 [reference range, 4000-10 000/mm3]). Ophthalmology was consulted due to concern for bilateral orbital cellulitis.

Visual acuity and extraocular movements could not be assessed due to noncompliance. There was no relative afferent pupillary defect, and intraocular pressures were 15 mm Hg OD and 16 mm Hg OS. The patient had diffuse facial edema with prominent bilateral periorbital and eyelid nonpitting edema, tense eyelid margins bilaterally, scant mucoid discharge, and conjunctivochalasis vs mild chemosis inferiorly bilaterally (Figure 1). No warmth, induration, purulence, wounds, or ecchymosis was noted. Dilated examination demonstrated normal posterior poles, but poor cooperation limited peripheral examination. The patient did not have any new rashes or swelling elsewhere.

Head computedtomography (CT) on admission was normal and did not show any acute orbital process. Orbital CT performed on day 2 showed new diffuse facial and periorbital edema with relative sparing of the intraconal fat. No intraorbital mass or hemorrhage was seen.

WHAT WOULD YOU DO NEXT?

A. Perform orbital biopsy

B. Correct metabolic disturbance

C. Review administered medications for possible allergic reaction

D. Perform lateral canthotomy and cantholysis