A 67-year-old woman underwent an elective left external dacryocystorhinostomy to treat her symptomatic nasolacrimal duct obstruction. The procedure was completed successfully without any intraoperative complications. On the third postoperative day, the patient presented to the emergency department due to persistent cervicofacial swelling and ecchymoses of the left eyelids and left cheek, which had been present since the first postoperative day (Figure, A). On examination, visual acuity in both eyes was 20/30, which was slightly worse than her baseline of 20/25 bilaterally. The left pupil was noted to be mildly larger than the right (by 0.5 mm) in both dark and light, with no relative afferent pupillary defect observed. Intraocular pressure was elevated in the left eye (24 mm Hg, relative to 16 mm Hg in the right eye). Extraocular motility in both eyes was normal, though pain with extraocular movement was present (worse on the left). Crepitus was confirmed with palpation under the left eyelids and left cheek. Dilated fundus examination showed clear and quiet vitreous bilaterally. Slitlamp examination and globe position were within normal limits, and no signs of chemosis were present. A computed tomography (CT) scan of the patient’s head revealed extensive emphysema throughout the soft tissues of the face and neck (Figure, B). The globes, extraocular muscles, and optic nerves appeared normal.

WHAT WOULD YOU DO NEXT?

A. Perform an emergency decompression via needle evacuation

B. Consider empirical antibiotics and manage the patient’s symptoms expectantly

C. Perform surgical exploration and possible debridement

D. Order magnetic resonance imaging of the orbits and sinuses