A 4-year-old child attended the eye emergency department with a 3-day history of worsening painful swelling and redness over the left side of her nose and left lower eyelid (Figure 1A). She had been unwell for 5 days before presentation with a temperature of 39 °C, managed at home with acetaminophen.

On examination, she had swelling and erythema over the left lacrimal sac and left lower eyelid. Her visual acuity was 20/20 OU. The anterior segment examination was normal, the extraocular movements were full and pain free, and the optic discs appeared normal. On systemic evaluation, the child had marked cervical lymphadenopathy and hepatosplenomegaly. Her past medical history included a previous episode of left lower eyelid swelling at 6 months of age, which was treated with a course of oral antibiotics. The parents denied any tearing or eye discharge before, or after, this episode.

Blood workup revealed raised C-reactive protein level (27.4 mg/L, normal range, 0-5.0 mg/L; to convert to milligrams per deciliter, divide by 10), elevated white blood cell count (22.20 × 109/L, normal range, 6.0-18.0 × 109/L; to convert to per microliters, divide by 0.001), and elevated liver function enzyme levels: alanine transaminase (403 U/L, normal range, 10-35 U/L; to convert to microkatals per liter, multiply by 0.0167), aspartate transaminase (300 U/L, normal range, 0-35 U/L; to convert to microkatals per liter, multiply by 0.0167), and alkaline phosphatase (430 U/L, normal range, 142-335 U/L; to convert to microkatals per liter, multiply by 0.0167).

There was no improvement after 3 days of intravenous ceftriaxone. A contrast computed tomography (CT) scan of the orbits identified a collection within the lacrimal sac (Figure 1B).

WHAT WOULD YOU DO NEXT?

A. Trial of alternative intravenous antibiotics

B. Lacrimal probing with nasal endoscopy

C. External incision and drainage of the abscess

D. Endoscopic dacryocystorhinostomy