

LETTER TO THE EDITOR

Response to *Pseudomonas aeruginosa* Pre-septal Cellulitis and Bacteremia in a Pediatric Oncology Patient

To the Editor: Milstone et al. [1] have presented an illustrative case of a now uncommon infection caused by an important pathogen that is, however, a very uncommon cause of bacteremic preseptal cellulitis. Two points about this case should be emphasized. First, any child with cancer who develops fever and periorbital swelling should have an emergency CT scan of the orbits, paranasal sinuses, and adjacent intracranial region to look for the extent of disease in these structures. There is no value to plain X-rays in this setting. Second, it is worthwhile to consider the pathogenesis of this infection. Bacteremic preseptal cellulitis is presumed to be caused by local hematogenous dissemination from a portal of entry in the nasopharynx, rather than by dissemination from some distant site [2]. The most common causes are *Haemophilus influenzae* type b and *Streptococcus pneumoniae*, which both typically colonize the nasopharynx [2]. With the success of universal immunization program against both of these pathogens, bacteremic preseptal cellulitis is now much less common. Although *Pseudomonas aeruginosa* predominantly colonizes gastro-

intestinal tract, it may colonize other body sites, including the nasopharynx [3].

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REFERENCES

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