A 9-YEAR-OLD BOY WAS REFERRED TO OUR PEDIATRIC CLINIC FOR EVALUATION OF INSPIRATORY WHOOP, SEVERE NOCTURNAL COUGHING PAROXYSMS OF MORE THAN 2 WEEKS’ DURATION, AND WORSENING PHOTOPHOBIA, SEVERE BILATERAL EYELID ECCHYMOSIS, AND RED EYE, DESPITE ADMINISTRATION OF ORALERYTHROMYCIN (10 mg/kg, 4 TIMES DAILY) FOR 1 WEEK. THE OPHTHALMOLÓGIC EXAMINATION REVEALED NORMAL VISUAL ACUITY, BILATERAL EYELID ECCHYMOSIS AND EDEMA, AND CONJUNCTIVAL AND CORNEAL ABNORMALITIES (FIGURE 1 AND FIGURE 2). THE FUNDUS EXAMINATION REVEALED NO ABNORMAL FINDINGS. NO LIMITATION OF OCULAR MOVEMENTS WAS NOTED. PUPILLARY REFLEXES WERE NORMAL. THE COMPLETE BLOOD CELL COUNT REVEALED AN ELEVATED WHITE BLOOD CELL COUNT OF 30400 CELLS/µL, WITH 60% LYMPHOCYTES. THE ERYTHROCYTE SEDIMENTATION RATE, PLATELET COUNT, AND COAGULATION TEST RESULTS WERE IN THE NORMAL RANGE. ORBITAL COMPUTED TOMOGRAPHIC SCANS WERE NEGATIVE FOR ANY MALIGNANCY. THE ABNORMAL FINDINGS AT PHYSICAL EXAMINATION RESOLVED OVER 3 WEEKS (FIGURE 3).

Figure 1. Note bilateral severe upper and lower eyelid ecchymoses, and subconjunctival hemorrhage covers the entire interpalpebral area.

Figure 2. Bilateral local thinning (dellen) in the temporal peripheral cornea (arrows) is seen adjacent to the subconjunctival hemorrhages.

Figure 3. Eyelid ecchymoses and subconjunctival hemorrhages resolved over 3 weeks.