

# UNUSUAL DIAGNOSIS OF RECURRENT UNILATERAL FACIAL CELLULITIS

## DIAGNOSTIC INHABITUEL D'UNE CELLULITE FACIALE UNILATÉRALE RÉCIDIVANTE

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### DESCRIPTION

We report a case of a 49-year-old man presenting with left facial cellulitis. Medical history revealed two similar episodes, six months apart, treated by antibiotic therapy.

In addition to left facial cellulitis, the physical examination found a homolateral three-centimeter suborbital lesion swelling in dorsal decubitus. When asked about it, the patient said that the suborbital lesion had first appeared ten years ago and had progressively increased in volume.

The patient had an injected facial scan revealing heterogeneous left infraorbital lesion with moderate contrast enhancement (red star).

### Question

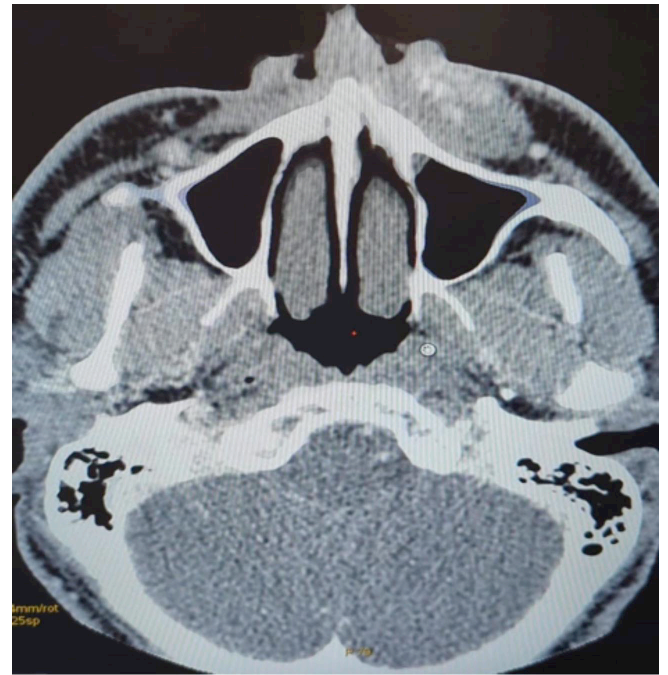
What is your diagnosis?

• Answer: Recurrent facial cellulitis on capillary-venous malformation

Capillary-venous malformations are vascular malformations involving both venous and capillary ectasia [1]. In these slow-flow vascular malformations, thrombosis is common due to blood stasis and localized intravascular coagulopathy [2]. This thrombosis predisposes to recurrent dermatohypodermatitis [3].

Cervico-facial cellulitis on vascular malformations is an extremely rare condition with no prevalence known. As far as we know, our case is the first recurrent cellulitis on capillary-venous malformation reported in the literature. Little is known about the involved microorganisms, the pathophysiology and the management of these recurrent cellulitis.

An injected CT scan is helpful for diagnosis. Typically, capillary-venous malformations may show mild to moderate enhancement with the possible presence of calcifications.



In the acute phase, appropriate broad-spectrum antibiotic therapy is advisable [4]. However, an etiological treatment based on embolization, sclerosis or surgery should be carried out later [5].

Although slow-flow vascular malformation is a rare etiology of recurrent cervicofacial cellulitis, it represents a diagnostic and therapeutic challenge.



## CONFLICTS OF INTEREST:

The authors declare no potential or real conflicts of interest.

## REFERENCES:

1. Behraves S, Yakes W, Gupta N, Naidu S, Chong BW, Khademhosseini A, et al.
2. Venous malformations: clinical diagnosis and treatment. *Cardiovasc Diagn Ther. déc 2016;6(6):55769.*
3. Soudet S, Dakpe S, Le Gloan S, Carmi E, Arnault JP, Testelin S, et al.
4. Thrombotic Complications in Venous Malformations: Are There Differences Between Facial and Other Localizations? *Clin Appl Thromb Hemost. Oct 2020;26:1076029620968143.*
5. Wagner KM, Lokmic Z, Penington AJ. Prolonged antibiotic treatment for infected
6. low flow vascular malformations. *Journal of Pediatric Surgery. avr 2018;53(4):798801.*
7. Peghin M, Graziano E, Rovelli C, Grossi PA. Prevention and treatment of
8. recurrent cellulitis. *Current Opinion in Infectious Diseases. avr 2023;36(2):95.*
9. Opoko U, Salissou I, Aloua R, Raiteb M, Slimani F. Cervicofacial cellulitis on
10. vascular malformation: About two case reports. *Ann Med Surg (Lond). juin 2021;67:102526.*