

Correspondence to:

Ana Lía Dfazceballos, Chimalpopoca 14 Colonia Obrera, C.P. 06800, Mexico City, Mexico; [analia\\_dg@hotmail.com](mailto:analia_dg@hotmail.com).

## Footnotes and Disclosure

The authors have no proprietary or commercial interest in any materials discussed in this article.

## Lid abscess associated with personal protective eyewear in a COVID-19 medical unit



**Figure 1—Protective eyewear.** The patient used these goggles, shown from the back (top) and front (bottom), and cleaned them after each patient encounter with Super Sani-Cloth® Germicidal Disposable Wipes (PDI Healthcare). The goggles provided a tight seal over the upper brow where the original site of discharge occurred.

A 23-year-old nurse working in a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) ward presented with a 1-week history of left upper brow and eyelid swelling and discharge from the upper brow. She had manicured her eyebrows with tweezers approximately 1 month before, but denied other trauma, sinus symptoms, or prior use of an eyebrow ring. She was clinically diagnosed with an eyelid abscess and started on trimethoprim/sulfamethoxazole and amoxicillin/clavulanic acid. Computed tomography imaging was not performed because the physical examination demonstrated only superficial findings.

On further history, she used protective goggles (Fig. 1), which she cleaned with hospital wipes (Super Sani-Cloth Germicidal Disposable Wipes, PDI Healthcare) that contained ingredients including quaternary ammonium and 55.5% isopropyl alcohol. During local anaesthetic injection for incision and drainage, a track to the brow was noted that terminated at a small scab (Fig. 2), corresponding to the



**Figure 2—Eyelid abscess after anesthetic administration (approximately 3 mL of 1% lidocaine with epinephrine).** A 24 mm by 20 mm superficial abscess (measured prior to anesthetic administration) with a small subcutaneous track to the upper brow terminating at a small scab (arrowhead).

initial site of her swelling. It is postulated that cleansing of the goggles with a dermatotoxic substance, and chronic pressure from the goggles may have inadvertently contributed to skin breakdown. The tight seal over the original site of drainage may have created a nidus for bacterial growth that led to abscess formation. This case demonstrates the need for caution when using hospital-grade cleansing agents near the relatively thin and delicate eyelid and periorbital skin.

**Timothy M. Janetos, MD, MBA,**

**Preeti J. Thyparampil, MD**

Department of Ophthalmology, McGaw Medical Center of Northwestern University, Chicago, IL

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Correspondence to:

Timothy M. Janetos, MD, 645 N. Michigan Ave. Suite 440, Chicago, IL 60611.; [timothy.janetos@northwestern.edu](mailto:timothy.janetos@northwestern.edu).

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