

Clinical Image: Sore Throat that cannot be Ignored

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Abstract

A 23-year-old man introduced to the emergency department three instances for one-week records of sore throat with a low-grade fever. Clinical signs and symptoms are non-specific, such as fever, sore throat, dysphagia, odynophagia comparable to acute pharyngitis. After one week of intravenous ceftriaxone and metronidazole, a repeated CT scan confirmed a recession of the abscess. Another study in Toronto revealed the sensitivity and specificity of CT. Complications, such as airway obstruction, mediastinitis, necrotizing fasciitis, carotid artery erosion, and sepsis can be fatal.

Clinical Summary

A 23-year man presented to the emergency department three times for one-week history of sore throat with a low-grade fever. On the first attendance, he was discharged with a presumptive diagnosis of acute pharyngitis. Despite several days of antibiotics, the pain did not show any improvement. X-ray of the neck was taken on his third attendance (Figure 1). Subsequent Computerized Tomography (CT) neck showed retropharyngeal abscess (Figure 2). After one week of intravenous ceftriaxone and metronidazole, a repeated CT scan showed a recession of the abscess (Figure 3). He was discharged with one week of oral antibiotic amoxicillin/clavulanate without surgical intervention.



Figure 1: X ray neck (lateral view) shows soft tissue thickening up to 35 mm at C7 level.

Retropharyngeal space is bounded by the skull base superiorly; constrictor muscles of the neck and its investing fascia anteriorly; the alar layer of the prevertebral fascia posteriorly; carotid sheath laterally and fascia at the level of C7 inferiorly. The space will regress after the age of six, and it's rare for an adult to have a non-traumatic retropharyngeal abscess.

Clinical symptoms are non-specific, including fever, sore throat, dysphagia, odynophagia similar to acute pharyngitis. Possible radiological features for RPA include the width of soft tissue greater than 50% of the width of the cervical vertebra at that level, straightening of cervical lordosis, non-traumatic subluxation of cervical vertebrae, gas or gas or gas fluid level in lateral neck X-ray. The sensitivity and specificity of lateral film X-ray were 80% and 100%, respectively, whereas the sensitivity and specificity of computerized tomography of the neck were 100% and 45%, respectively. Another study in Toronto revealed the sensitivity and specificity of CT were 81% and 57%, respectively.

Early recognition is the key. Complications, such as airway obstruction, mediastinitis, necrotizing fasciitis, carotid artery erosion, and sepsis can be fatal. Management is a broad-spectrum intravenous antibiotic with or without surgical intervention.



Figure 2: Computerized Tomography (CT) neck was performed showing 3.2 x 1.9 cm x 7 cm Retro Pharyngeal Abscess (RPA) in craniocaudal length from C5 to T2, together with mediastinitis throughout the superior mediastinal fat. The glottis and trachea are displaced without compression.



Figure 3: Recession of retropharyngeal abscess after intravenous antibiotics.

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