CLINICAL PRESENTATION: PERITONSILLAR ABSCESS (QUINSY)

Clinical presentation

Presented by:

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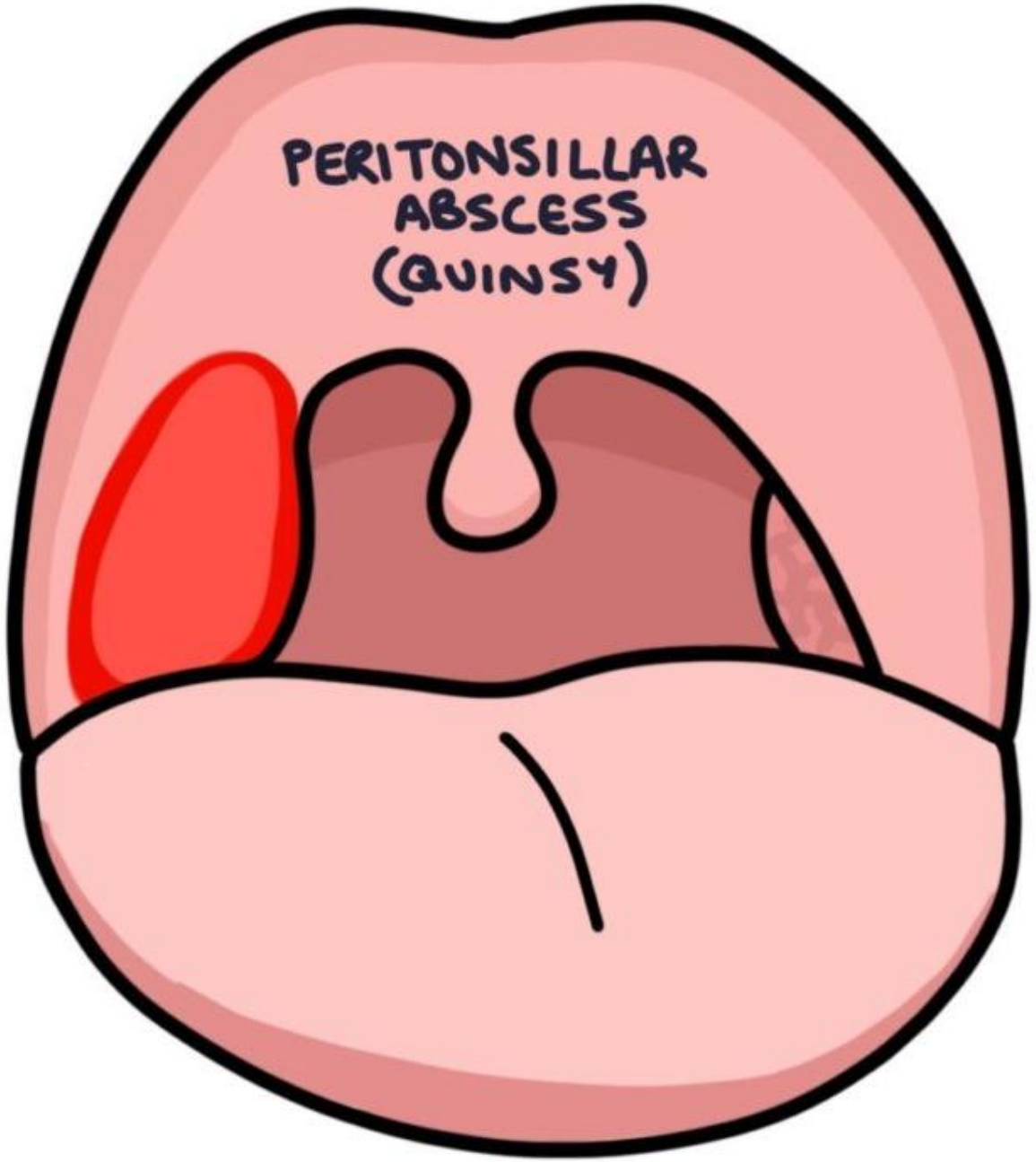
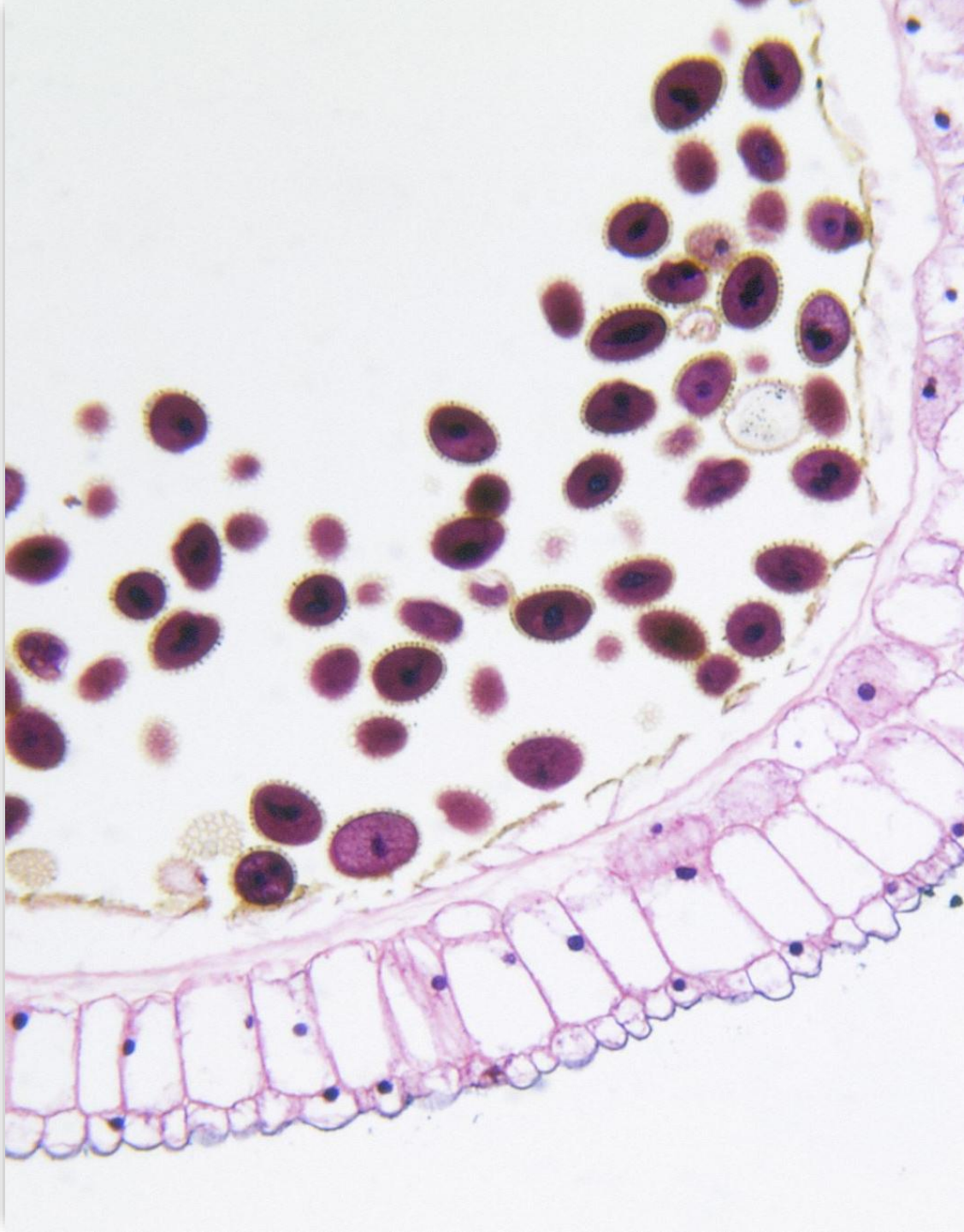


INTRODUCTION

- Peritonsillar abscess (PTA) is the most common deep neck space infection.
- It is a collection of pus between the tonsillar capsule and superior constrictor muscle.
- Usually occurs as a complication of acute tonsillitis.
- Common in adolescents and young adults.



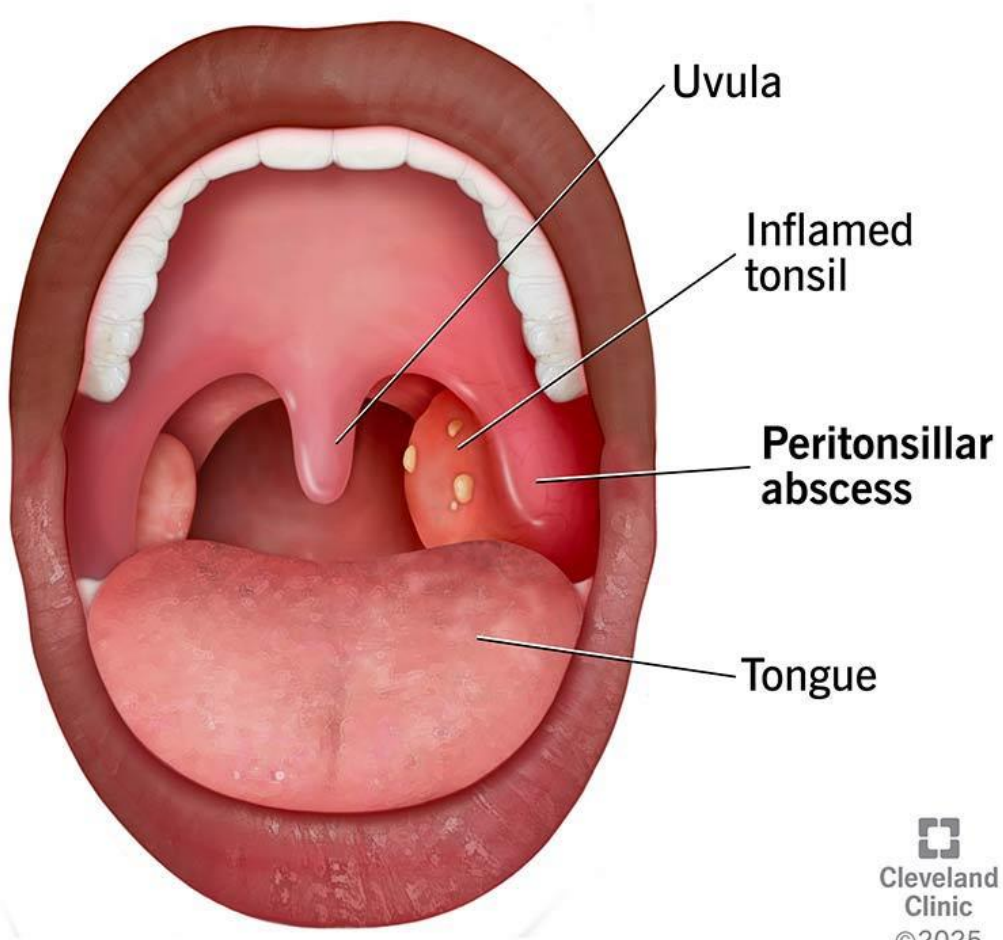
ANATOMY

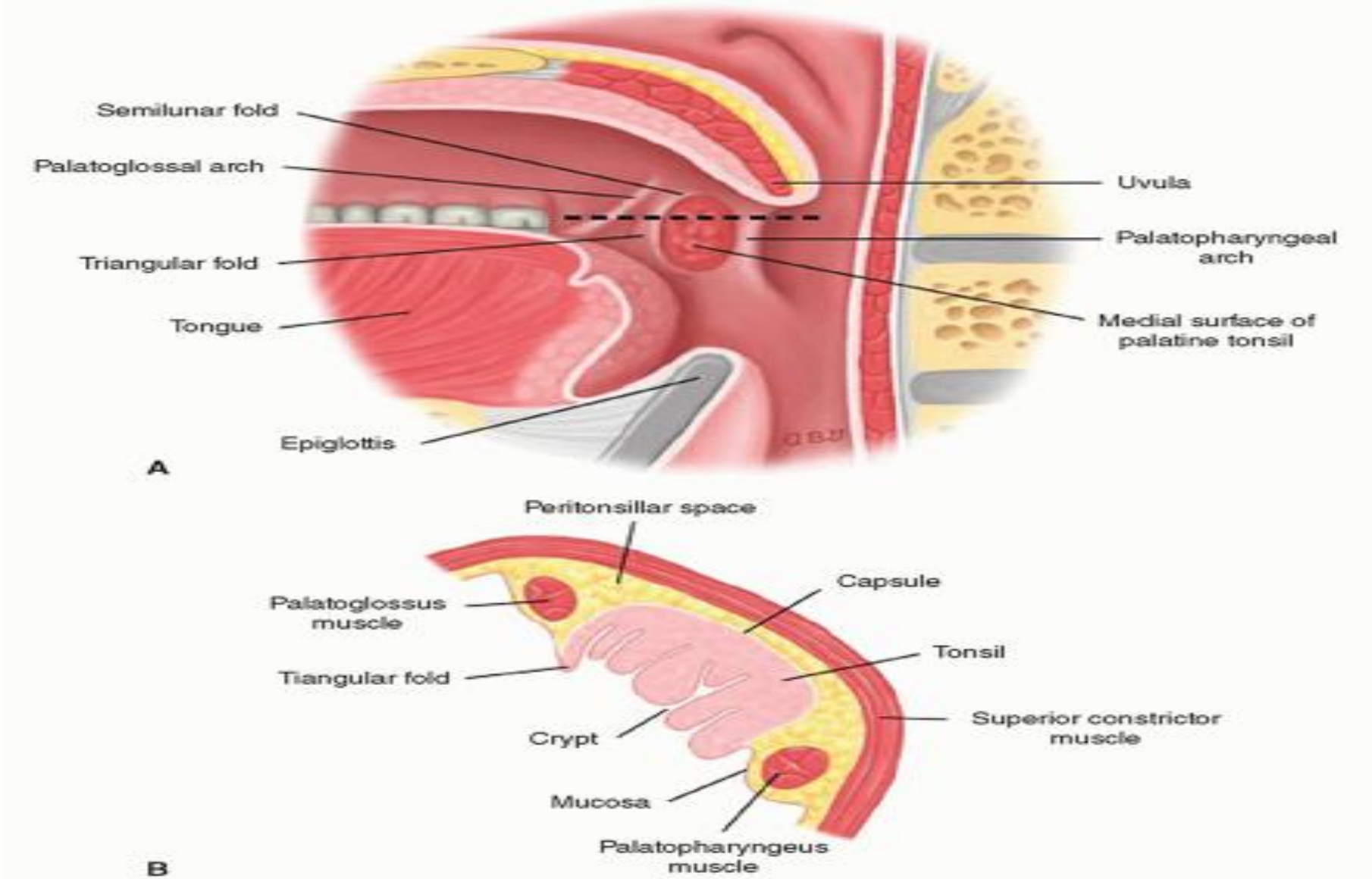
RELEVANT ANATOMY:

- Palatine tonsil
- Tonsillar capsule
- Peritonsillar space
- Superior constrictor muscle

Peritonsillar abscess

Quinsy




Semilunar fold
Palatoglossal arch
Triangular fold
Tongue
Epiglottis
A
Uvula
Palatopharyngeal arch
Medial surface of palatine tonsil
Peritonsillar space
Palatoglossus muscle
Tiangular fold
Crypt
Mucosa
Palatopharyngeus muscle
Capsule
Tonsil
Superior constrictor muscle
B

ETIOLOGY:

- Causes:
- Acute bacterial tonsillitis
- Streptococcus pyogenes (Group A beta- hemolytic streptococcus)
- Staphylococcus aureus
- Anaerobic bacteria

RISK FACTORS:

- Recurrent tonsillitis
- Smoking
- Poor oral hygiene
- Chronic tonsillar infection

PATHOPHYSIOLOGY:

-PROGRESSION OF TONSILLITIS

Tonsillitis→ Peritonsillar inflammation→ Abscess

- Inflammation of supratonsillar soft palate and surrounding muscle
- Pus collects between fibrous capsule and superior constrictor muscle of the pharynx.
- Common infectious agents
- Common aerobes
- - Streptococcus pyogenes in 30%
- -H.influenzae, S.aureus, Neisseria species
- Common anaerobes
- -Fusobacterium, peptostreptococcus, Prevotella, bacteroides

CLINICAL FEATURES

- SYMPTOMS:
- Severe unilateral sore throat
- Fever
- Dysphagia
- Odynophagia
- Muffled “hot potato” voice
- Drooling
- Ear pain (referred otalgia)

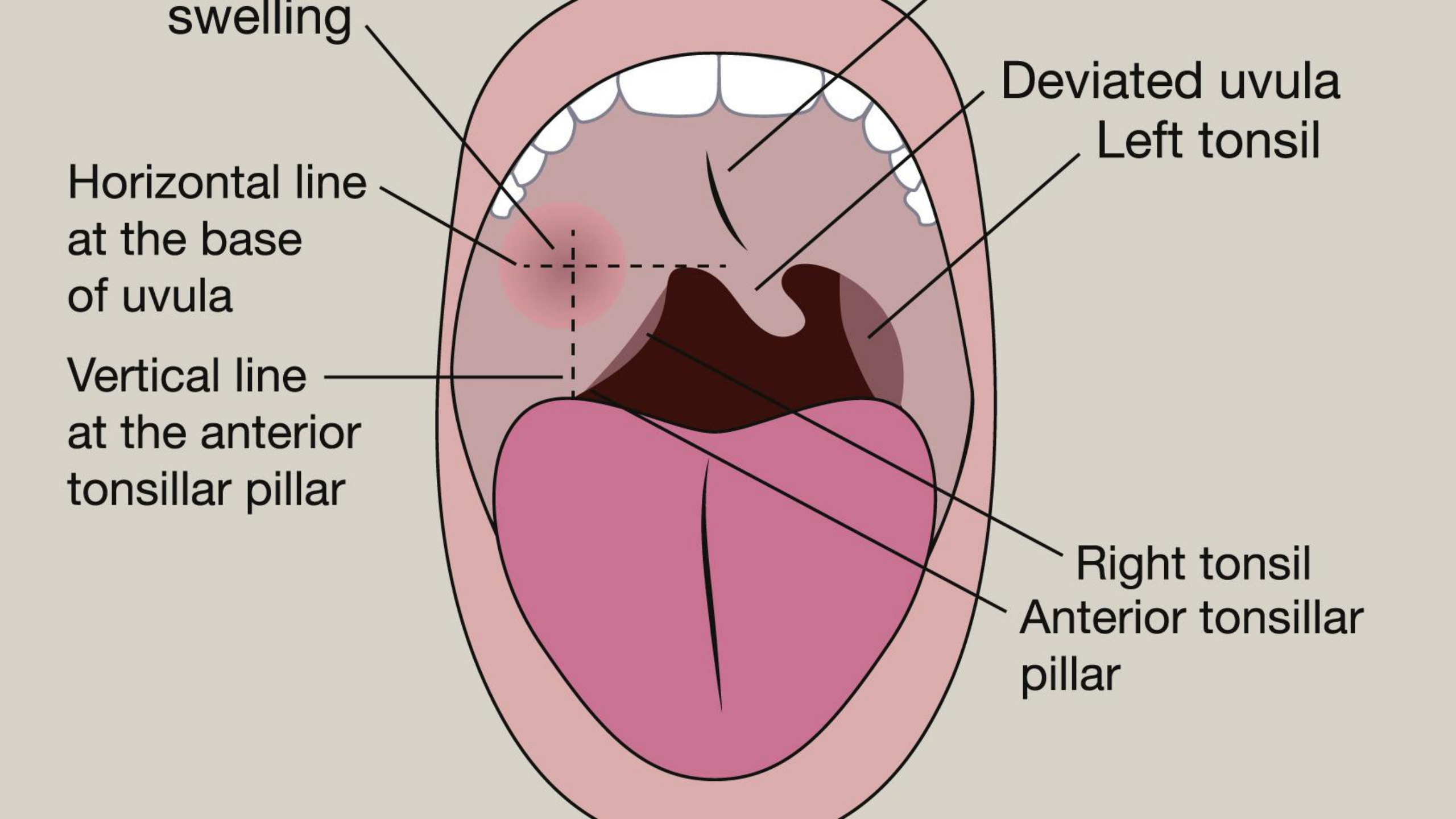
SIGNS:

- Trismus
- Swollen peritonsillar area
- Uvular deviation to opposite side
- Enlarged tonsil

PHYSICAL EXAMINATION

Examination findings

- Bulging soft palate
- Fluctuant swelling above tonsil
- Erythema and edema
- Cervical lymphadenopathy
- Halitosis


swelling
Deviated uvula
Left tonsil
Horizontal line
at the base
of uvula
Vertical line
at the anterior
tonsillar pillar
Right tonsil
Anterior tonsillar
pillar

DIFFERENTIAL DIAGNOSIS:

- Acute tonsillitis
- Parapharyngeal abscess
- Retropharyngeal abscess
- Infectious mononucleosis
- Epiglottitis
- Tonsillar malignancy

INVESTIGATIONS:

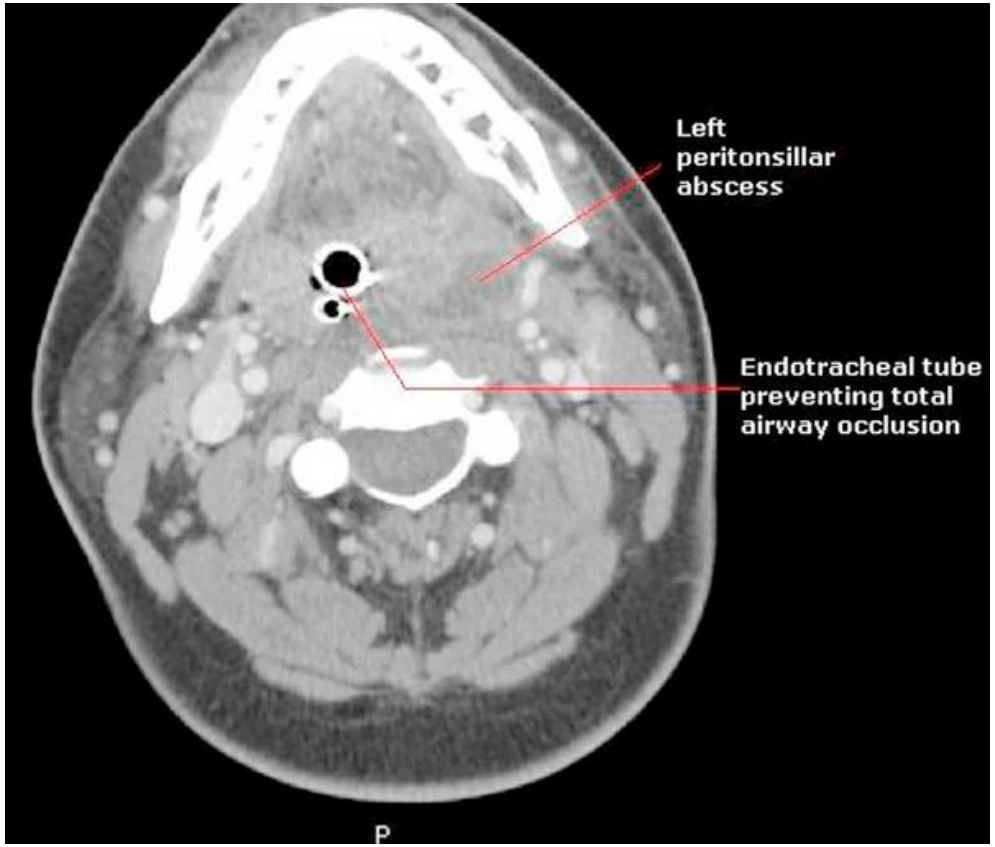
LABORATORY TEST:

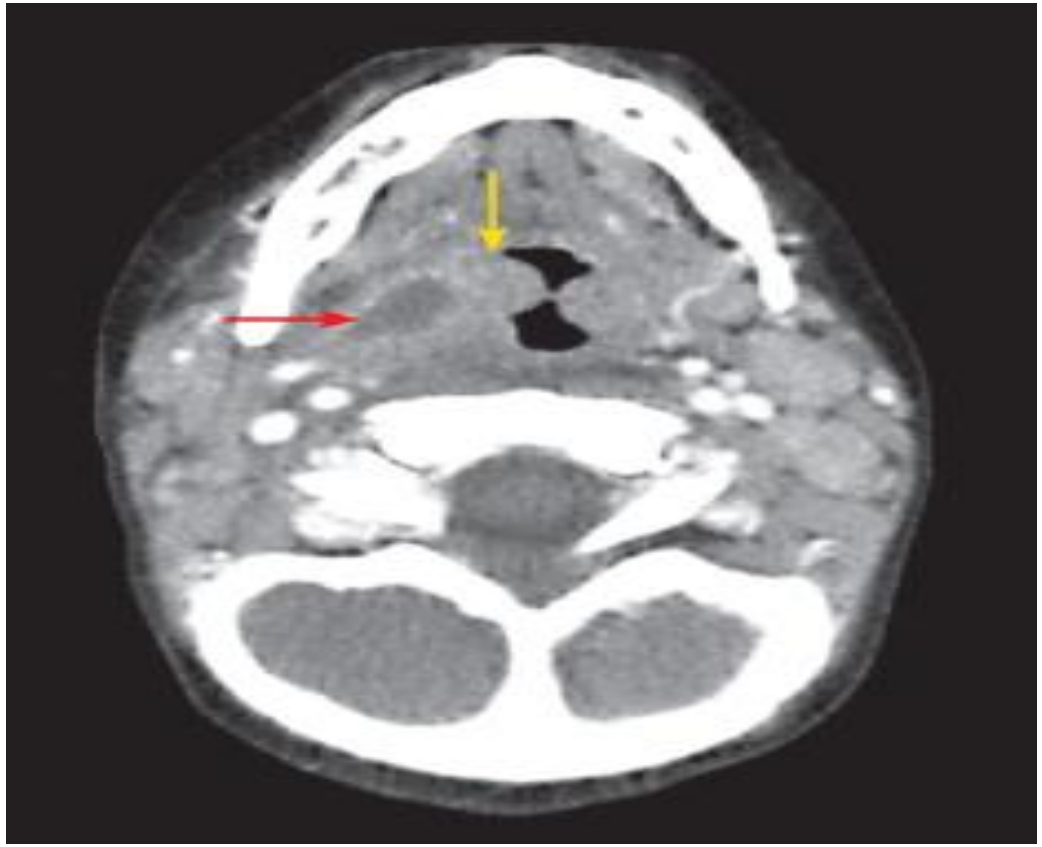
- CBC: leukocytosis
- Throat swab culture
- Blood culture in severe infection

IMAGING:

- Ultrasound
- Contrast-enhanced CT scan of neck

CT SCAN SHOWING PERITONSILLAR ABSCESS





DIAGNOSIS:

DIAGNOSIS IS MAINLY CLINICAL

Based on:

History	Physical examination	Needle aspiration confirming pus

MANAGEMENT:

Medical treatment:

- IV fluids
- Analgesics and antipyretics
- Antibiotics:
    - Amoxicillin-clavulanic acid
    - Clindamycin
    - Metronidazol combination

Supportive care:

- Hydration
- Nutritional support

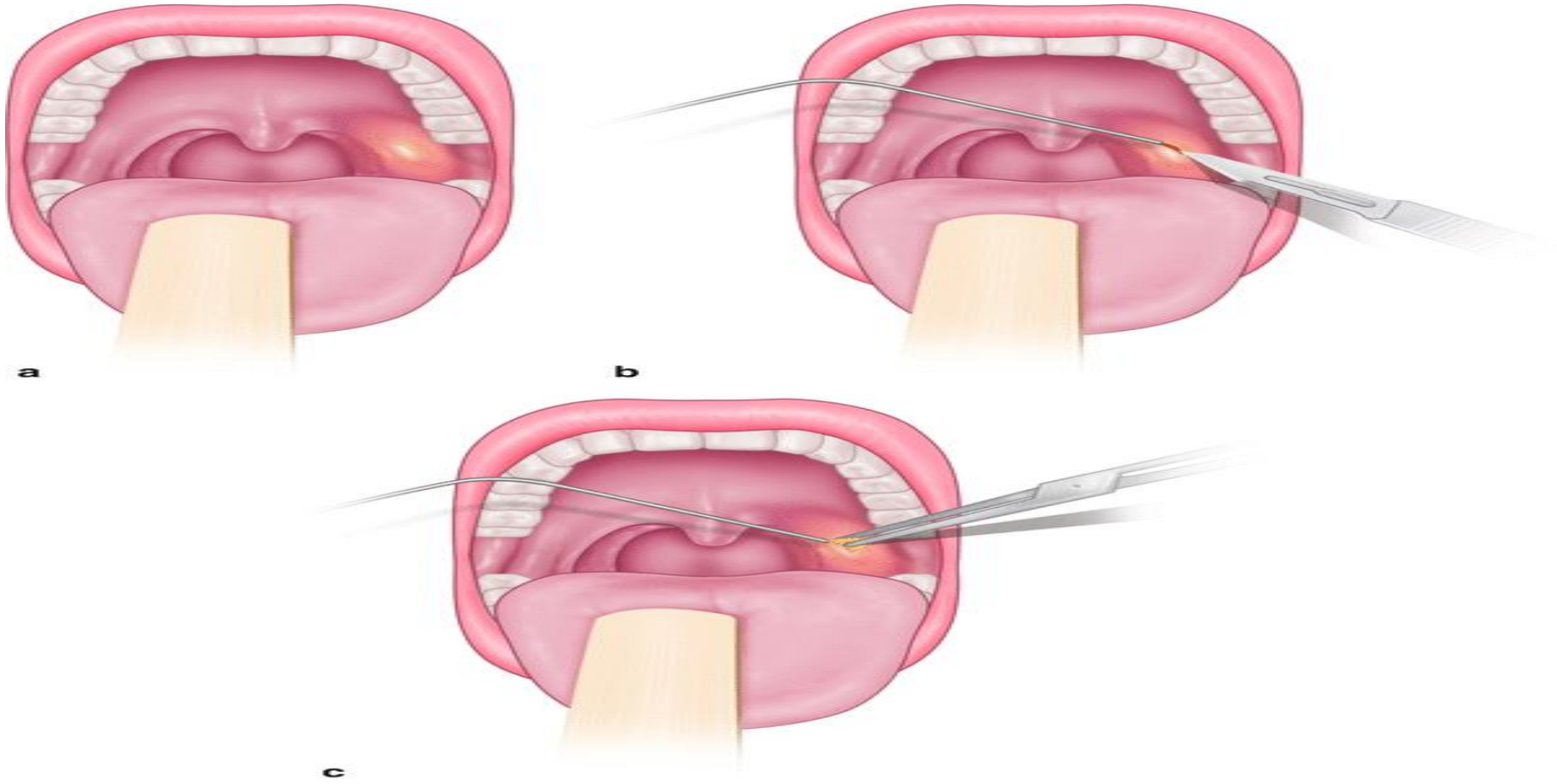
SURGICAL MANAGEMENT

- Procedures:
- Needle aspiration
- Incision and drainage
- Quinsy tonsillectomy

INDICATIONS FOR TONSILLECTOMY

- Recurrent tonsillitis
- Recurrent PTA
- Airway obstruction

INCISION AND DRAINAGE OF PERITONSILLAR ABSCESS



COMPLICATIONS:

- Airway obstruction
- Aspiration pneumonia
- Parapharyngeal abscess
- Retropharyngeal abscess
- Septicemia
- Internal jugular vein thrombosis

PROGNOSIS:

- Good with early diagnosis and treatment
- Most patients recover completely
- Recurrence possible in recurrent tonsilitis

PREVENTION:

- Early treatment of tonsilitis
- Good oral hygiene
- Smoking cessation
- Elective tonsillectomy in recurrent cases

CASE SUMMARY:

- Example case:
- 22 year old male with severe unilateral sore throat and fever.
- Difficulty swallowing and muffled voice.
- Examination showed uvular deviation and trismus
- Needle aspiration confirmed pus.
- Treated with incision and drainage plus antibiotics.

CONCLUSION:

- Peritonsillar abscess is a common ENT emergency
- Prompt diagnosis is essential
- Combined medical and surgical treatment gives excellent outcomes.
- Early intervention prevents complications.

THANK YOU