

Exceptional association complicating a peritonsillar abscess: Lemierre syndrome and cavernous sinus thrombosis.

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Abstract

Lemierre's syndrome and cavernous sinus thrombosis are rare and severe form of septic thrombophlebitis. They usually complicate head and neck infections, particularly oropharyngeal infections and sinusitis. These two conditions are life-threatening, especially if they combine and affect patients with immunocompromised state.



Figure 1: Right cervicofacial cellulitis

- **Medical history:** Type II diabetes, chronic renal failure.
- **Functional signs:**
 - Painful right swelling of neck and face
 - Fever
 - Dysphagia
 - Dyspnea.
- **Physical examination:**
 - Suprasternal recession
 - Oxygen saturation: 93% on room air
 - Right inflammatory cervico-facial swelling
 - Trismus
 - Para-pharyngeal bulging.

Résultats

- **Cervico-Facial CT with contrast injection:** extensive right cervico-facial fasciitis, mass effect on the trachea and the esophagus, thrombosis of the ipsilateral internal jugular vein and transversal sinus.
- **Management:**
 - IV antibiotic therapy: cefotaxime (2g*3/day) + metronidazole (500mg*3/day)
 - Intraoral surgical drainage and tracheotomy under general anesthesia
 - Monitoring in the intensive care unit with mechanical ventilation
- **Evolution:** pejorative : a cavernous sinus thrombosis syndrome:
 - Ophthalmoplegia
 - Chemosis
 - Exophthalmia
- **Microbiological analysis :** Klebsiella pneumoniae + candida spp
- **Antibiotics :** piperacillin/ tazobactam, vancomycin, fluconazole.
- Curative dose of Unfractionated heparin (4mg /kg/ day)
- Septic shock and death.

Objectifs

The aim of this study is to describe the clinical, paraclinical, therapeutic, and prognostic aspects of a peritonsillar abscess.

- Oropharyngeal suppurations must be managed quickly and effectively in order to prevent complications such as septic thrombosis
- . - Despite the progress in management, they remain potentially fatal.

Conclusion

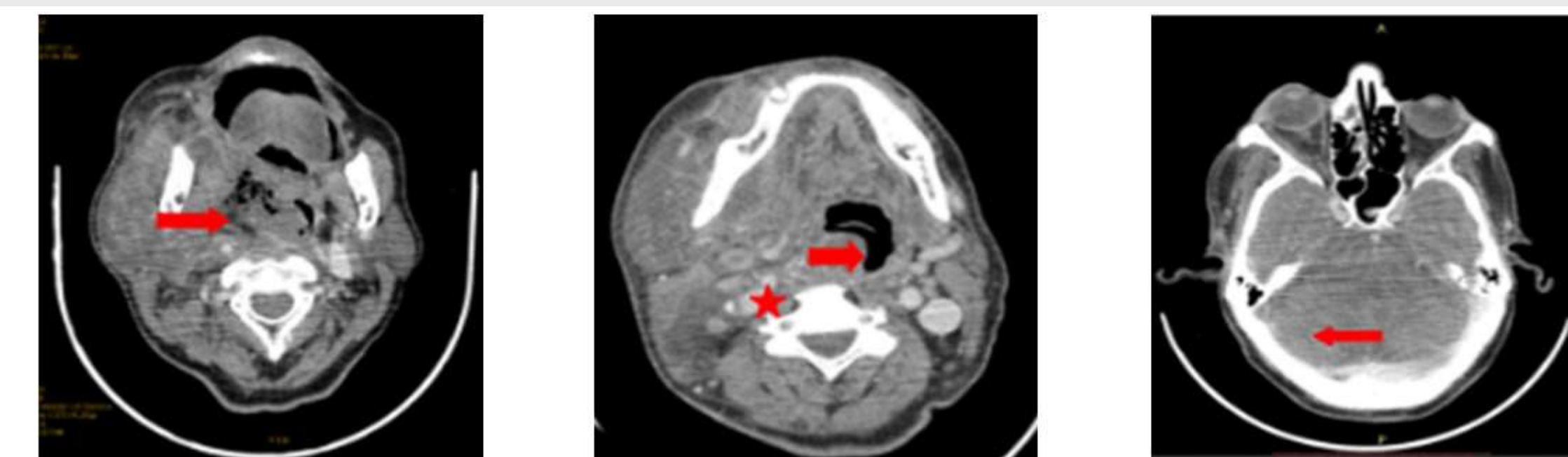


Figure 2: Axial cervicofacial CT with contrast injection:

Méthodes et Matériels

a 72-year-old male immunocompromised patient with peritonsillar phlegmon complicated by extensive cervico facial fasciitis, with internal jugular vein and cavernous sinus thrombophlebitis. ENT and Head and neck surgery department in Mohamed Taher Maamouri Hospital

Références

1. Hagelskjaer Kristensen L, Prag J. Human necrobacillosis, with emphasis on Lemierre's syndrome. Clin Infect Dis 2000; 31: 524–532.
2. Riordan T, Wilson M. Lemierre's syndrome: more than a historical curiosa. Postgrad Med J 2004; 80: 328–334.