



AB216. SOH22ABS215. The severe outcome of a large parapharyngeal abscess treated solely with antibiotic therapy

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Background: A 73-year-old male presented to emergency department (ED) with a five-day history of dysphagia, odynophagia, right neck swelling and ongoing pyrexia. Nasendoscopy showed drainage of pus into the right piriform sinus. On examination of the neck there was a palpable tender mass on right neck level II/III. Inflammatory markers were C-reactive protein (CRP) of 490 and white blood cell count (WBC) 19,000. CT Neck & Thorax showed large parapharyngeal abscess greater than 10 cm, displacing the trachea to the left.

Case Description: The patient was admitted and the abscess was managed with intravenous antibiotics and intravenous dexamethasone for 6 days. The patient improved clinically and discharged home on oral antibiotics. Twenty-four hours post discharge, the patient was readmitted with hoarseness of voice, severe difficulty breathing and increased right neck swelling. Repeat urgent CT Neck & Thorax showed significant progression of neck abscess with compression of larynx and trachea and new involvement of carotid sheath. Emergency tracheostomy, externally approached neck abscess drainage, necrectomy performed. Necrotic tissue, fascia identified all over neck spreading to the left side. Right abscess tonsillectomy performed to drain pus. Neck wound left open, necrectomy, neck washouts daily in ICU. The patient remained admitted to ICU for 2 weeks until secondary wound closure and

then de-escalation to the ward. He received extensive inpatient rehabilitation with MDT support. Tracheostomy decannulation occurred 4 weeks post the initial emergency procedures. The patient was safely discharged home.

Conclusions: A large deep neck space abscess cannot be treated conservatively only regardless significant clinical improvement. All abscesses must be opened to avoid life threatening complications and possible mortality.

Keywords: Parapharyngeal abscess; mediastinitis; necrotising fasciitis; tracheostomy; neck abscess

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/map-22-ab216

Cite this abstract as: Ibrahim F, Tkachuk O. AB216. SOH22ABS215. The severe outcome of a large parapharyngeal abscess treated solely with antibiotic therapy. Mesentery Peritoneum 2022;6:AB216.