

# Chronic retropharyngeal abscess

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## Figure 52.29 Axial computed tomography scan of the neck demon

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swelling seen intraorally, there may be fullness behind the sternocleidomastoid muscle on one side. In contrast to an acute retropharyngeal abscess, this condition occurs almost solely in adults. Radiology usually shows evidence of bone destruction and loss of the normal curvature of the cervical spine. The spine may be quite unstable and undue manipulation may precipitate a neurological event. In contrast to an acute abscess, a chronic retropharyngeal abscess must not be opened into the mouth, as such a procedure may lead to secondary infection. Drainage of the abscess may not be necessary if suitable treatment of the underlying TB disease is instituted. If it is necessary, drainage should be carried out through a cervical incision anterior to the sternocleidomastoid muscle with an approach anterior and medial to the carotid sheath to enter the retropharyngeal space. The cavity is opened and suctioned dry after taking biopsy material. Occasionally, surgery is required to decompress or stabilise the spinal cord if there is a progressive neurological deficit.

Figure 52.30 Infectious mononucleosis.

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