

INFLAMMATORY CONDITIONS OF THE NECK

Ludwig's angina

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Ludwig described a clinical entity characterised by a brawny swelling of the submandibular region combined with inflammatory oedema of the mouth. These clinical features, as well as accompanying putrid halitosis, define the condition. The infection is often caused by a virulent streptococcal infection associated with anaerobic organisms. There may also be an underlying oral cavity cancer. The infection tracks deep to the mylohyoid muscle, causing oedema and inflammation such that the tongue is displaced upwards and backwards, giving rise to dysphagia and subsequently to painful obstruction of the airway. Unless treated, cellulitis may extend beneath the deep fascial layers of the neck to involve the larynx, causing glottic oedema and further airway compromise. Antibiotic therapy should be instituted as soon as possible using intravenous broad-spectrum antibiotics, with anaerobic cover. If the swelling does not subside rapidly with such treatment, or in advanced cases where pus is evident, a curved submental incision may be used to drain both submandibular triangles. The mylohyoid muscle may be incised to decompress the floor of the mouth and corrugated drains placed in the wound, which is then lightly sutured. Although this operation may be conducted under local anaesthetic, a general anaesthetic approach is preferred as it provides a more controlled setting, allowing for optimal exposure and drainage without undue stress to the patient. Rarely, a tracheostomy may be necessary.

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