

Parapharyngeal abscess

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Parapharyngeal abscess may be confused with a peritonsillar abscess, but the maximal swelling is behind the posterior faucial pillar and there may be little or no oedema of the soft palate. The patient is usually a young child and there may be a severe general malaise and obvious neck swelling. A large parapharyngeal abscess may compromise both the airway and swallowing. MRI or CT scanning of the head and neck is often an invaluable aid to diagnosis and management as it allows assessment of the extent of the abscess and facilitates planning of the optimal surgical approach. In early cases, admission to hospital and the institution of fluid replacements coupled with intravenous antibiotics may produce resolution. However, when a collection is evident, transcervical drainage is required under general anaesthesia, which usually requires the expertise of a senior anaesthetist. In instances where an obvious abscess points into the oropharynx, drainage may be carried out with a blunt instrument (Figure 52.29). This is the result of suppuration of the retropharyngeal lymph nodes and, again, is most commonly seen in children, with most cases occurring under the age of 1 year. It is associated with infection of the upper aerodigestive tract and is frequently accompanied by severe general malaise, neck rigidity , dysphagia, drooling, a croupy cough, an altered cry and marked dyspnoea. Dyspnoea may be the prominent symptom and may also be accompanied by febrile convulsions and vomiting. These children should always be carefully examined by the most senior clinicians available. Inspection of the posterior wall of the pharynx may show gross swelling and an abscess pointing beneath the thinned mucosa. In countries where diphtheria still occurs, an acute retropharyngeal abscess may be confused with this, but the presence of the greyish-green membrane aids differentiation. Occasionally , a foreign body , most commonly a fish bone that has perforated the posterior pharyngeal mucosa, will give rise to a retropharyngeal abscess in older children and young adults. Intravenous antibiotics are commenced immediately but surgical drainage of the abscess is often necessary . It requires an experienced anaesthetist because, on induction, care must be taken to avoid rupturing the abscess. The airway is protected by placing the child in a head-down position while a pair of dressing forceps, guided by the finger, may be thrust into an obvious abscess in the posterior wall and the contents evacuated. On other occasions, an approach anterior and medial to the carotid sheath via a cervical incision may be preferable. Parapharyngeal abscess

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