

Quinsy

Quinsy

This is an abscess in the peritonsillar region that causes severe pain and trismus (Figure 52.25). The trismus, which is caused by spasm induced in the pterygoid muscles, may make examination difficult but may be overcome by instillation of local anaesthesia into the posterior nasal cavity (anaesthetising the sphenopalatine ganglion) and the oropharynx. Inspection reveals a diffuse swelling of the soft palate just superior or lateral to the involved tonsil, displacing the uvula medially . In more advanced cases, pus may be seen pointing underneath the thin mucosa. Treatment In the early stages, intravenous broad-spectrum antibiotics may produce resolution. However, if there is frank abscess formation, incision and drainage of the pus can be carried out under local anaesthesia. A small scalpel is best modified by winding a strip of adhesive tape around the blade so that only 1 cm of the blade projects. In teenagers and young adults, the patient sits upright and an incision is made approximately midway between the base of the uvula and the third upper molar tooth (Figure 52.26). This may produce immediate release of pus, but, if not, a dressing forceps is pushed firmly through the incision and, on opening, pus may then be encountered. Needle aspiration of the pus, with or without ultrasound guidance, is an alternative treatment. In small children, general anaesthesia is required.

Incision Figure 52.26 Site of incision in a peritonsillar abscess.

Quinsy

This is an abscess in the peritonsillar region that causes severe pain and trismus (Figure 52.25). The trismus, which is caused by spasm induced in the pterygoid muscles, may make examination difficult but may be overcome by instillation of local anaesthesia into the posterior nasal cavity (anaesthetising the sphenopalatine ganglion) and the oropharynx. Inspection reveals a diffuse swelling of the soft palate just superior or lateral to the involved tonsil, displacing the uvula medially . In more advanced cases, pus may be seen pointing underneath the thin mucosa. Treatment In the early stages, intravenous broad-spectrum antibiotics may produce resolution. However, if there is frank abscess formation, incision and drainage of the pus can be carried out under local anaesthesia. A small scalpel is best modified by winding a strip of adhesive tape around the blade so that only 1 cm of the blade projects. In teenagers and young adults, the patient sits upright and an incision is made approximately midway between the base of the uvula and the third upper molar tooth (Figure 52.26). This may produce immediate release of pus, but, if not, a dressing forceps is pushed firmly through the incision and, on opening, pus may then be encountered. Needle aspiration of the pus, with or without ultrasound guidance, is an alternative treatment. In small children, general anaesthesia is required.

Incision Figure 52.26 Site of incision in a peritonsillar abscess.

