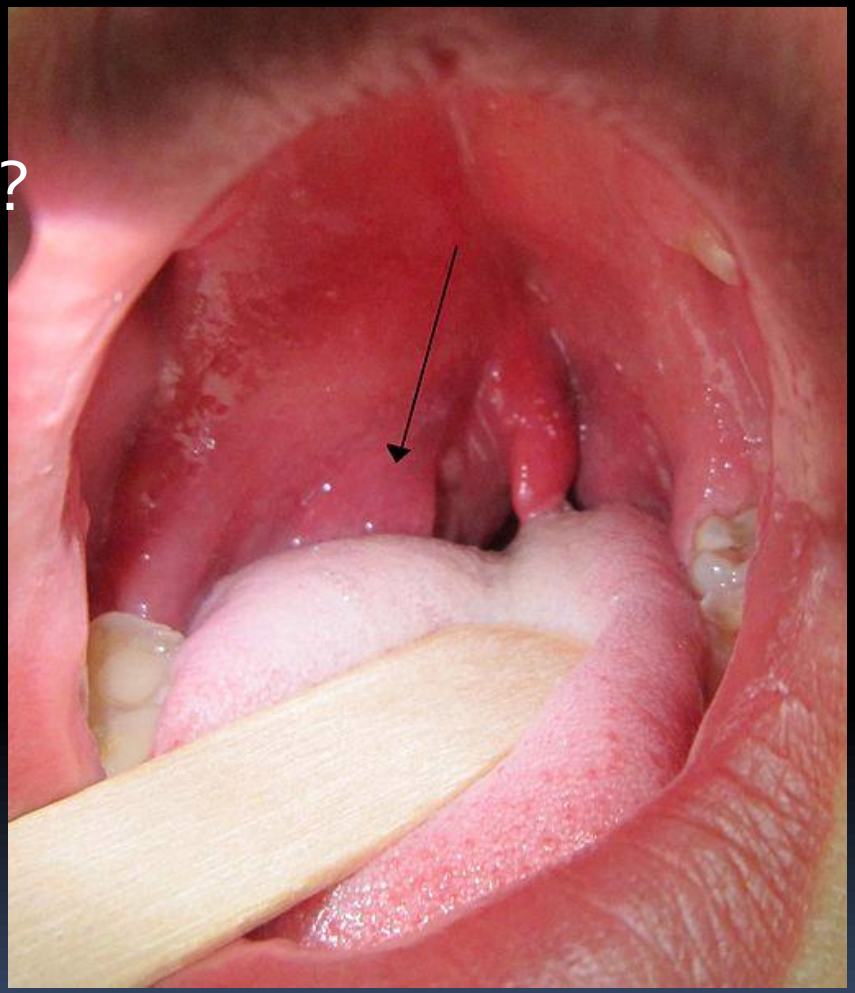
PERITONSILLAR ABSCESS ED CONFERENCE.

Vivian Levy Toledano
PGY 1

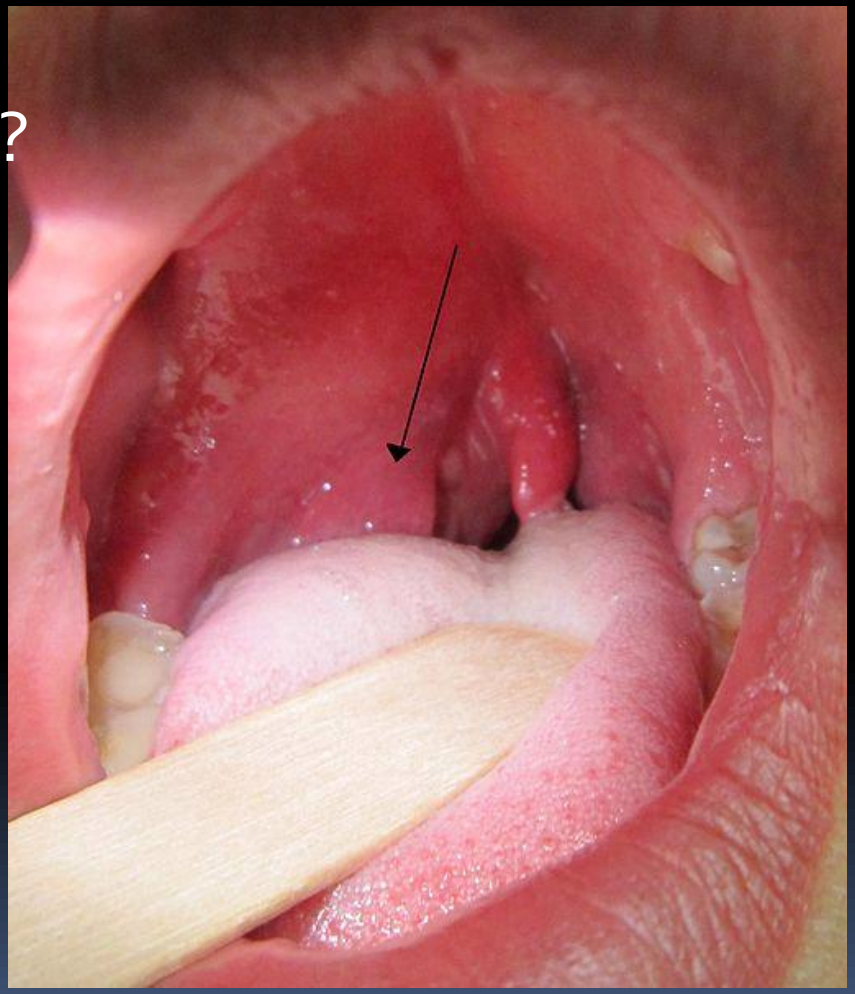
Question 1

- A 16 yo male comes to the ED with CC of unilateral sore throat for 3 days, fever, and decrease oral intake for solids and liquids due to pain. PE: VS: T 39.2, HR 118, RR 18, BP 100/65.
- Mouth and throat: Trismus, drooling, see image
- CV: Tachycardic RRR, no R/M/G. Cap refill 2-3 secs
- Resp: non labored breathing, good air entry bilat CTAB
- Abdomen: soft, NT/ND BS+, no organomegaly
- Neuro: grossly intact

- What is best next step?
  A. NS bolus 20cc/kg
  B. Consult ENT
  C. Neck CT
  D. CBC
  E. Glucocorticoids



- What is best next step?
  A. NS bolus 20cc/kg
  B. Consult ENT
  C. Neck CT
  D. CBC
  E. Glucocortioids



Correct answer

- NS bolus (option A).
- These patients are often dehydrated because of their avoidance of food and liquid and may need fluid resuscitation. The patient shows clear signs of dehydration with tachycardia low BP and delayed cap refill
- ABCs, patient's airway, should be evaluated. If the patient's airway is compromised, he or she needs immediate endotracheal intubation. If this cannot be completed, a cricothyroidotomy or a tracheotomy may be required.

B. Consult ENT

- ENT should be consulted for drainage which is the initial gold standard for PTA treatment, along with antibiotic treatment, in patients without circulatory compromise

C. Neck CT

- Head and neck CT scanning with intravenous (IV) contrast is useful if incision and drainage fails, if the patient cannot open his or her mouth, or if the patient is young (< 7 y) and uncooperative. A hypodense fluid collection with rim enhancement may be seen in the affected tonsil. Foreign bodies, such as fish or chicken bones, may also be found as an inciting factor.

D. CBC

- No definitive studies are required for the diagnosis of peritonsillar abscess, although CBC count and serum electrolyte evaluations might be considered if the patient had significant comorbidities.

E. Glucocorticoids

- Steroids are often used as adjunctive treatment. In the systematic review carried out by Johnson et al, no published studies on the use of steroids in peritonsillar abscess were found, but the authors did identify a randomized controlled trial that demonstrated a benefit for steroids for severe, acute pharyngitis. It is likely that the use of steroids for PTA derived from this management strategy

Question 2

- 12 yo female who presents with sore throat, fever, malaise and voice changes (muffled voice)

  VS: T. 38.9, HR 86, RR 17, BP 110/78. After physical exam you diagnosed her with peritonsillar abscess, performed fine needle aspiration and sent cultures. You determined patient is stable for discharge home with follow up with ENT in 2 days
- What is the best empiric antimicrobial therapy?

- A. Ceftriaxone IM x 3 doses
- B. Azithromycin PO x 5 days
- C. Clindamycin PO x 14 days
- D. Amoxicillin- clavulanate PO x 7 days
- E. Penicillin G benzathine 1.2 million units IM x1

- A. Ceftriaxone IM x 3 doses
- B. Azithromycin PO x 5 days
- C. Clindamycin PO x 14 days
- D. Amoxicillin- clavulanate PO x 7 days
- E. Penicillin G benzathine 1.2 million units IM x1

Correct answer: C.Clindamycin x 14 days

- Oral antibiotic therapy should then be continued to complete a 14-day course. Courses shorter than 10 days may be associated with recurrence.
- Coverage for streptococcal, pneumococcal, staphylococcal species, and anaerobes. Considered to have good absorption into bloodstream in both oral and parental forms

A.Ceftriaxone IM x3 days

- Has good coverage for streptococcus, but does not have good coverage for anaerobes and Staph. Also, discharging a patient with IM medication is difficult for administration and compliance

A.Azithromycin x 3 days

- Has poor coverage for anaerobes and staph, also period of treatment is to short to be effective.

D. Amoxicillin- clavulanate PO x 7 days

- Can be used as a first line treatment because of the coverage. But treatment duration for 7 days is insufficient and can lead to recurrence.

E. Penicillin G benzathine 1.2 million units IM x1

- In combination with metronidazole. Effective in approximately 98% of patients. Individually has poor coverage for anaerobes.

References

- The Harriet Lane Handbook, 19th ed
- Up to Date: Peritonsillar cellulitis and abscess
- Medscape Reference. Peritonsillar Abscess in Emergency Medicine.
- Steyer TE. Peritonsillar abscess: diagnosis and treatment. *Am Fam Physician*. Jan 1 2002;65(1):93-6.