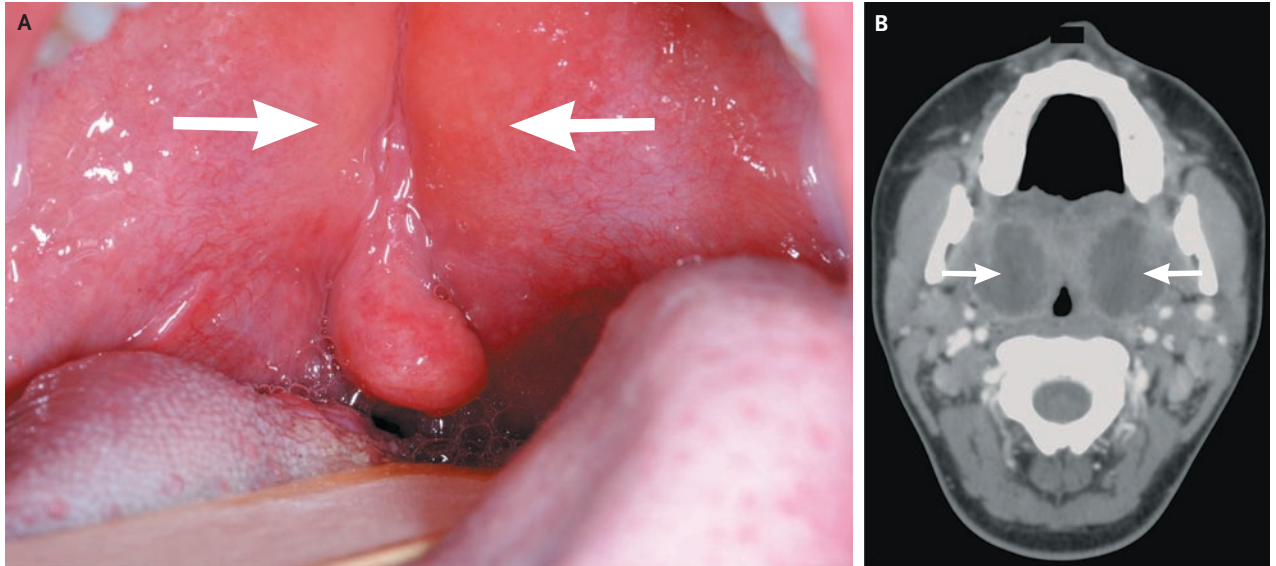


IMAGES IN CLINICAL MEDICINE

Bilateral Peritonsillar Abscesses



A 19-YEAR-OLD WOMAN PRESENTED TO THE EMERGENCY DEPARTMENT with a 10-day history of intermittent odynophagia, voice changes, and fever. Before her visit to the emergency department, she was treated with azithromycin and prednisone for pharyngitis and, subsequently, with 2 days of penicillin and a tapered dose of prednisone. She was otherwise healthy. Our examination revealed bilateral swelling of the soft palate with a midline uvula pushed anteriorly (Panel A, arrows). A computed tomographic scan of the neck after the administration of intravenous contrast material showed bilateral peritonsillar abscesses (Panel B, arrows). The otolaryngologist performed bilateral fine-needle aspiration and examined the fluid. Subsequently, an incision was made in each abscess, and drainage resulted in 10 ml of purulent material from each abscess. The patient had complete resolution of symptoms and was discharged and given a 14-day course of antibiotics. Follow-up 6 days after discharge from the emergency department showed recurrent abscesses requiring an additional aspiration. The patient did well until 17 days later, when she presented to the emergency department again with a right peritonsillar abscess. The otolaryngologist performed another aspiration and recommended tonsillectomy. Tonsillectomy subsequently was performed at another hospital, and the patient has recovered well.

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