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Case study

Bilateral presentation of peritonsillar abscesses

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A 22-year-old man with no medical history was seen complaining of a five-day history of worsening sore throat, fever elevation, and odynophagia progressing to trismus and muffled voice. His primary care physician had given NSAIDs with the diagnosis of “common cold”. Physical examination revealed a symmetrical swelling of the soft palate and enlarged tonsils with a midline uvula (Fig. 1). Computed tomography showed bilateral hypodense masses with thick rim enhancements measuring 2.5 × 2.5 cm on the right and 2.5 × 2.0 cm on the left in on the superior peritonsillar regions (Fig. 2). He was diagnosed with bilateral peritonsillar abscesses. Aspirations of purulent material from both sides were performed with a 21-gauge needle; a total of 6 mL of purulent material was obtained from the left side and 8.5 mL from the right side. A subsequent wide incision and drainage procedure was performed under local anesthesia. Clindamycin and cefoperazone sodium therapy was also given; his symptoms disappeared 7 days later (Fig. 3).

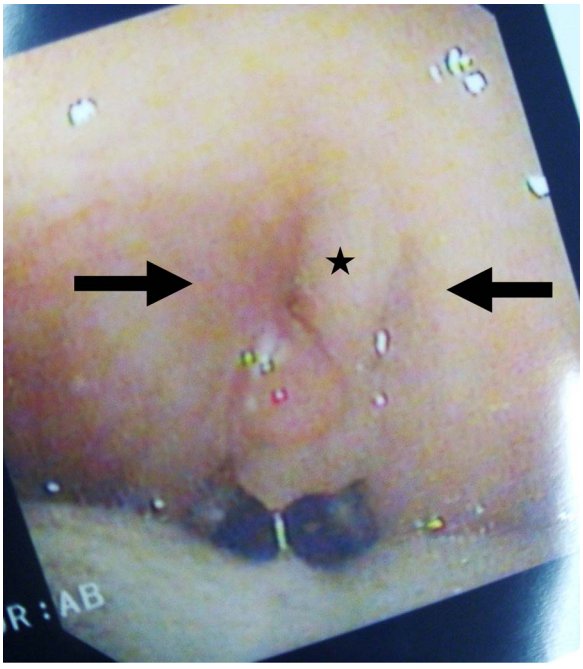

Fig. 1. Swelling of the soft palate (arrows) with a midline uvula (asterisk).

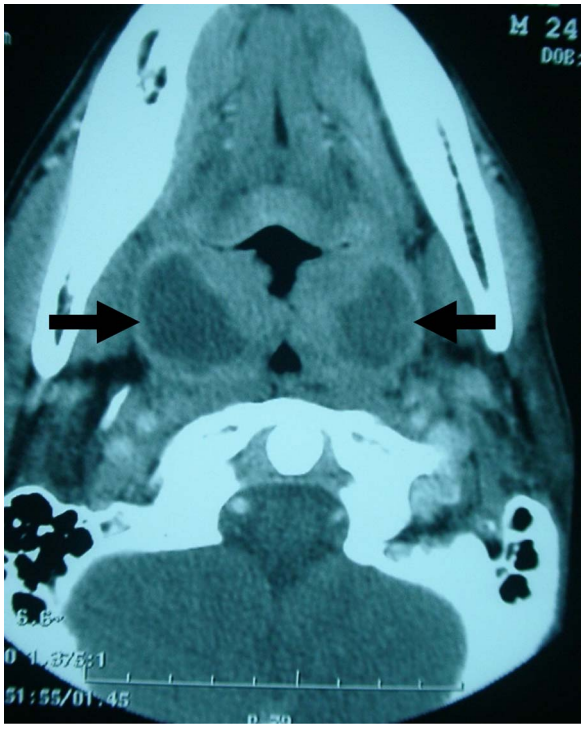

Fig. 2. Contrast-enhanced computed tomography revealing bilateral hypodense masses with thick rim enhancement (arrows).

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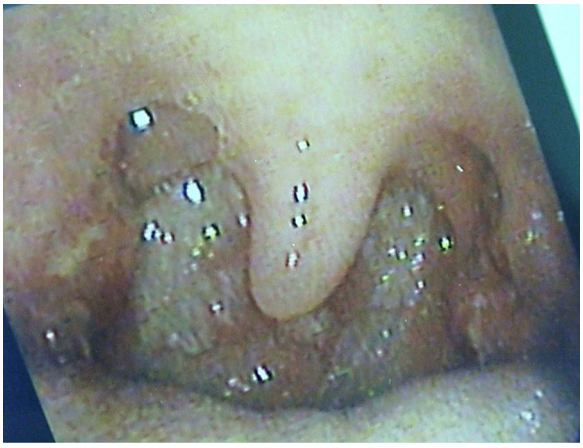

Fig. 3. Improvement of oropharynx after treatment.

Peritonisillar abscess usually presents with asymmetrical tonsilar bulge and uvular deviation. Bilateral peritonsillar abscesses are quite rare [1,2]. Peritonsillar abscess should be viewed as occurring both unilaterally and bilaterally. CT should be performed in cases of odynophagia, trismus, and muffled voice to confirm the diagnosis [2].

References

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