

IMAGES IN EMERGENCY MEDICINE

Infectious Disease

One case of sore throat causing double the trouble

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Email: eugenehu@yahoo.com**Meetings:** This case was presented as a poster presentation in the photo competition at the American Academy of Emergency Medicine 27th Annual Scientific Assembly in St. Louis, MO, on June 21, 2021.

1 | PATIENT PRESENTATION

A 17-year-old fully immunized female with a history of asthma presented with a persistent, worsening sore throat for 4 days. The patient was diagnosed with acute *Streptococcus pharyngitis* 2 days prior and discharged home with penicillin. She returned with a muffled voice, hoarseness, dysphagia, odynophagia, and drooling. Examination demonstrated bilateral tonsillar swelling and erythema without exudates, posterior oropharyngeal erythema, and midline uvula. Soft tissue neck computed tomography revealed large bilateral fluid collections within the tonsils (Figure 1).

2 | DIAGNOSIS

2.1 | Bilateral intratonsillar abscesses

Attempts at needle aspiration in the emergency department (ED) were unsuccessful. Otolaryngology was consulted and performed incision and drainage at both anterior tonsillar pillars with evacuation of purulence bilaterally from the abscess cavities. The patient was subsequently discharged from the ED with 14 days of amoxicillin-clavulanate and chlorhexidine mouth rinses and was further advised to follow-up for outpatient tonsillectomy.

Intratonsillar abscess (ITA) is much less commonly recognized than peritonsillar abscess but important to differentiate as aspiration or incision and drainage should be carefully performed at the tonsillar parenchyma and not in the peritonsillar region.¹ Common pathogens

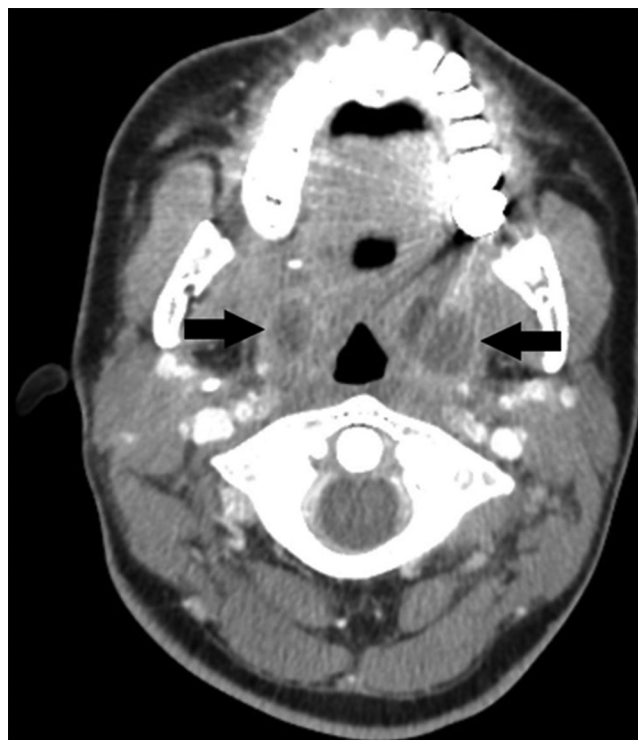


FIGURE 1 Computed tomography of soft tissue neck with intravenous contrast (axial view) demonstrated a 17 × 13 mm fluid collection within the right tonsil and a 20 × 22 mm fluid collection within the left tonsil (see arrows).

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include *Streptococcus* species, *S. aureus*, and anaerobes.¹ Current literature reveals only 3 prior case reports of bilateral ITAs: 2 in adults and 1 in a child.² Because ITAs have less successful drainage attempts and lower recurrence rates, some otolaryngologists prefer treatment with intravenous (IV) antibiotics only, especially in the pediatric population.³ Others advocate for a procedural approach. Tonsillectomy may be indicated in instances of treatment failure or recurrence.⁴

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