Today We Will Cover:

• Peritonsillar abscess
• Retropharyngeal abscess
• Parapharyngeal abscess

Listed objective:
To differentiate between the different kinds of deep neck space abscesses
Peritonsillar Abscess – Diagnosis

- Sore throat/odynophagia
- Trismus
- “Hot potato voice”
- Unilateral palate swelling
- Uvular deviation

*A clinical diagnosis

Peritonsillar Abscess – Schematic
Peritonsillar Abscess – CT Scan

Peritonsillar Abscess – Referral and Treatment

When to Refer
Asymmetric soft palate following tonsillitis

How We Treat
• Pretreat:
  - Steroid,
  - Antibiotic
  - IV fluids
  - Lidocaine with Epi
• Needle aspiration
• Incision and drainage
• ED vs. OR
• Home if pus obtained
Deep Neck Spaces: Retro- and Parapharyngeal Spaces

Deep Neck Space Infections (DNSI) – Diagnosis

- Sore throat/odynophagia
- Trismus
- Neck pain +/- torticollis

- Fever
  - Neck pain/torticollis
  - NO obvious neck mass
- With subtle oropharyngeal bulge
- Think airway compromise (retropharyngeal)
- Obtain CT scan: neck +/- chest
Retropharyngeal Abscess – CT Scan

Parapharyngeal Abscess – CT Scan
### CT Scan: Accuracy in Diagnosis

<table>
<thead>
<tr>
<th></th>
<th>Accurate Diagnoses (%)</th>
<th>Inaccurate Diagnoses (%)</th>
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<tbody>
<tr>
<td></td>
<td>True Positives</td>
<td>True Negatives</td>
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<tr>
<td><strong>Deep Neck Infections</strong></td>
<td>60</td>
<td>12</td>
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<tr>
<td><strong>Lateral Neck Infections</strong></td>
<td>76</td>
<td>4</td>
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### DNSI – Treatment

#### Retropharyngeal Abscess
- Monitored bed
- Consider securing the airway
- Surgical incision and drainage
- May extend into Danger Space
  - Extension into mediastinum with mediastinitis, pleural effusion and empyema

#### Parapharyngeal Abscess
- Airway compromise unlikely
- Medical management
  - 2 week course of antibiotic
  - Consider steroid
- May extend into Vascular Space
  - Suppurative thrombophlebitis, carotid artery aneurysm, erosion and rupture