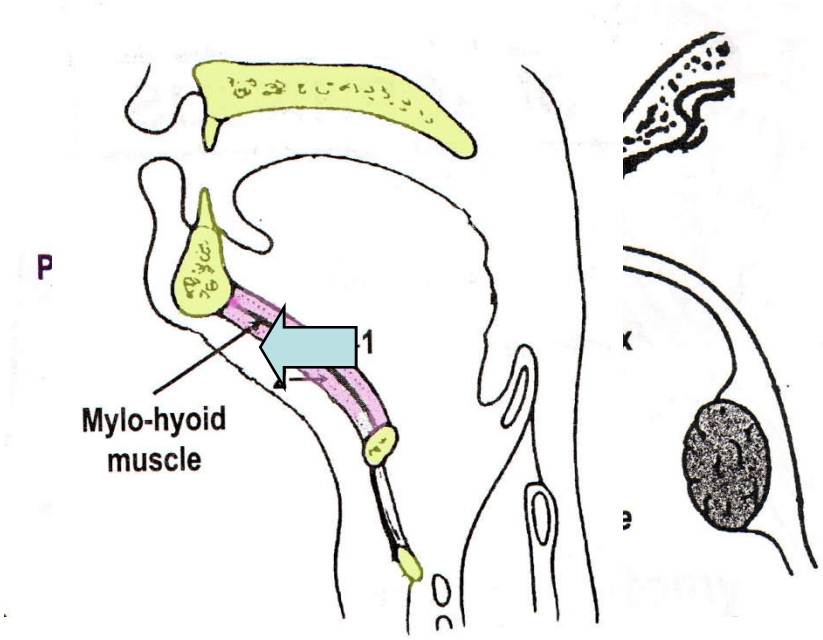
Infection of the pharyngeal spacs

Infection of Pharyngeal Spaces

- Peri-tonsillar Abscess
- Parapharyngeal Abscess
- Retro-pharyngeal Abscess
- (Acute & Chronic)
- Ludwig's Angina

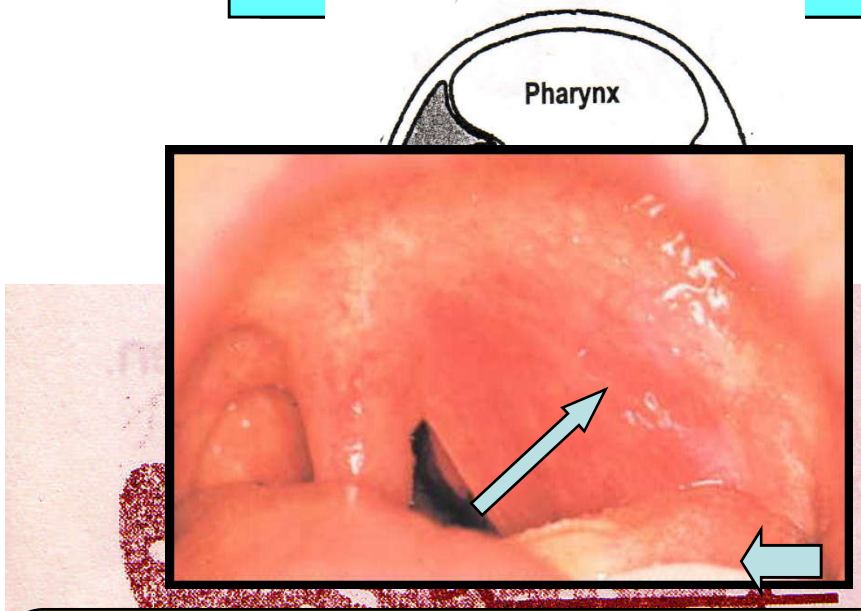


Peri-tonsillar Abscess

- Def
- *What is peri-tonsillar space?*
- Side
- Site
- Etiology

Acute tonsillitis

The infection passes through CRYPTA MAGNA (the largest tonsillar crypt)



Unilateral
Above & Lateral to the tonsil

In a patient having Acute Tonsillitis The symptoms become more severe

Symptoms

General: FHAM

Pharyngeal:

- The **sore throat** becomes severe throbbing pain نقح
- The difficult swallowing becomes severe dysphagia to the limit that the patient can not swallow his own saliva يريل

- **Signs**

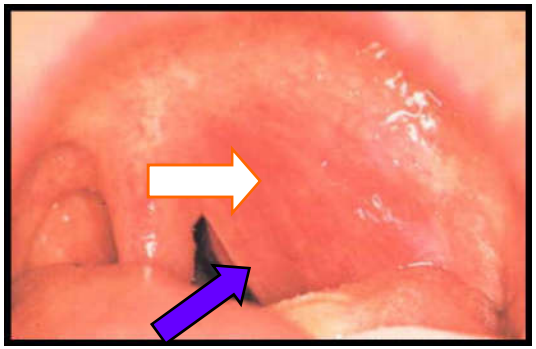
General :high fever

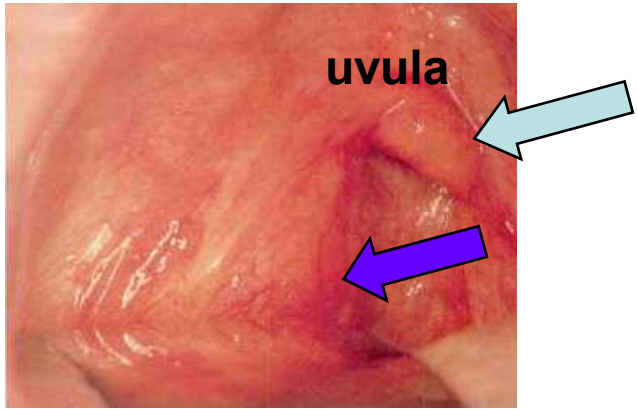
Pharyngeal:

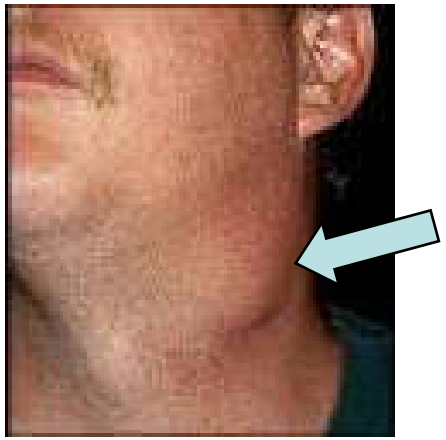
- The soft palate above the tonsil is hyperaemic & swollen
- *On pus formation* it pits on blunt probing
- The uvula is edematous and pushed medially
- *The tonsil* is pushed downwards and medially
- *Ttrismus* due to reflex muscle spasm

Cervical

Enlarged tender cervical LN

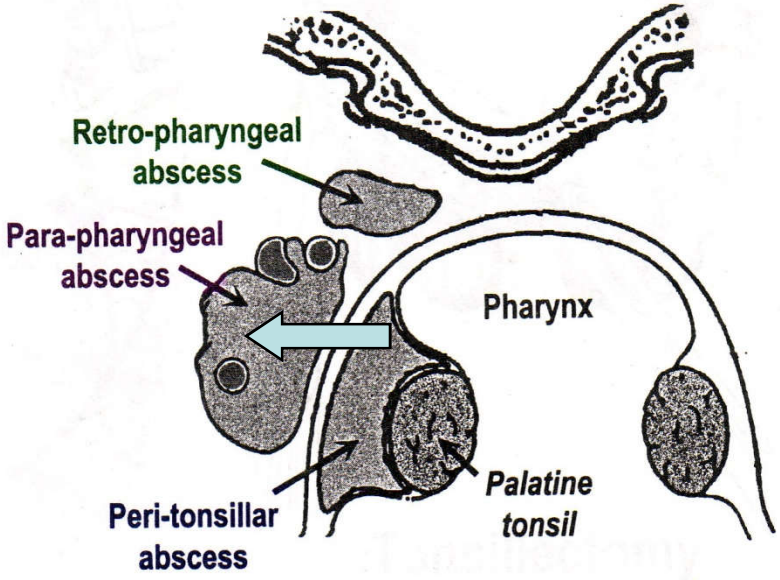






Complications

- Parapharyngeal abscess
- Laryngeal edema
- Rupture with aspiration of pus → broncho-pneumonia



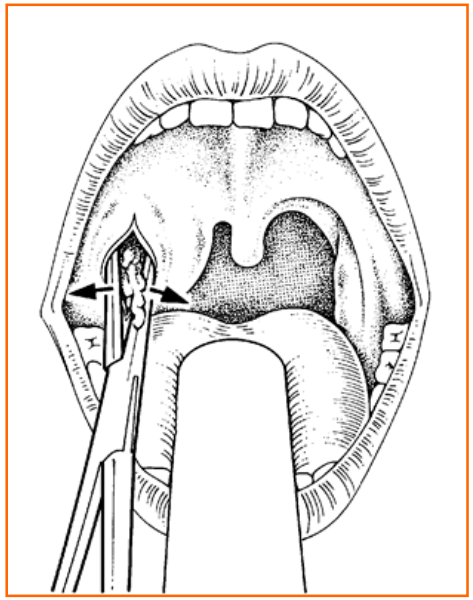
Treatment

Medical: with massive antibiotic therapy

Surgical:

- **Drainage** of the abscess
- **Tonsillectomy** : after 4-6 weeks **Why?** To avoid recurrence

- **In the stage of peri-tonsillitis**
- **After pus formation**

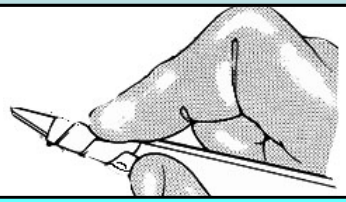


Technique of incision & Drainage of Quinsy

- **When to incise a quinsy?**
- **Instruments**
- **Anesthesia**
- **Site of incision**
- **Drainage**

After pus formation as indicated by:

Surface Anaesthesia

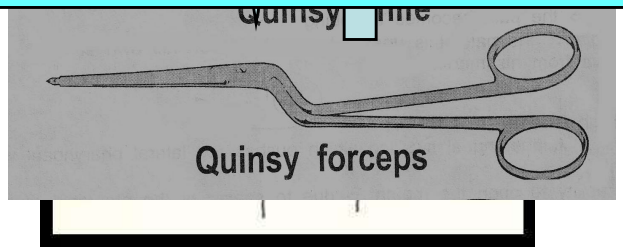


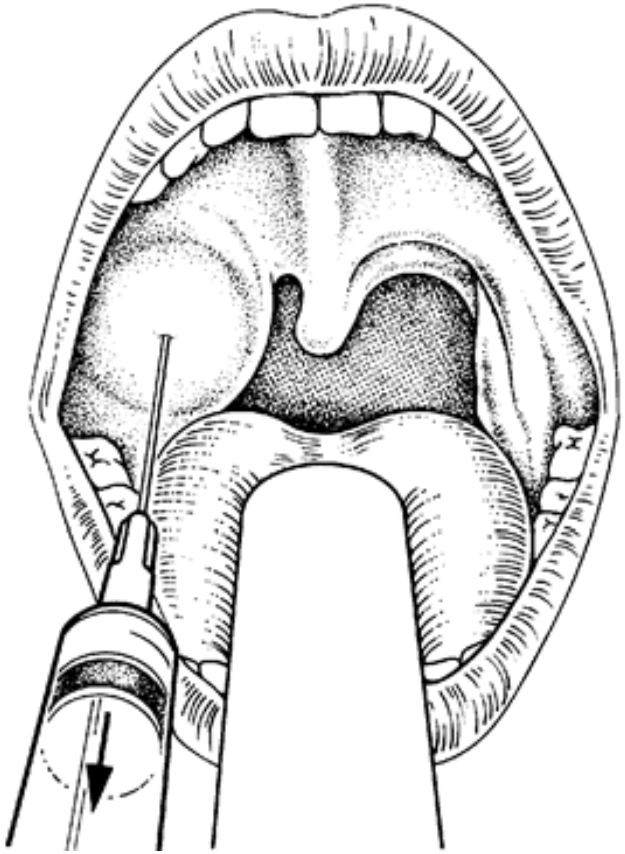
- **Most pointing point**
- **Midway between the last upper molar and base of the uvula**
- **½ cm lateralto the meeting of 2 lines**

  A vertical line along the anterior pillar

  A horizontal line along the base of the uvula

Performed by a pair of quinsy forceps
Use the Hilton's method
أدخل بالجفت مقفول في الخراج واخرج بالجفت مفتوح





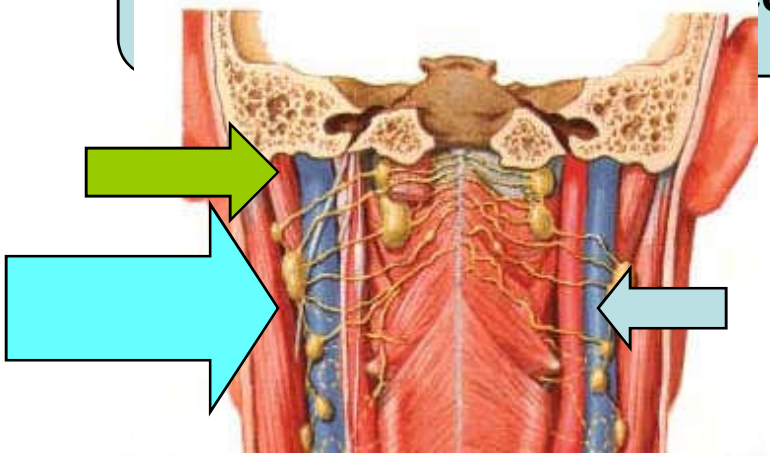
- بعض الجراحين يفضل التأكد من وجود الصديد باستعمال سرنجة

Parapharyngeal Abscess

Def

What is parapharyngeal space?

Collection of pus in the



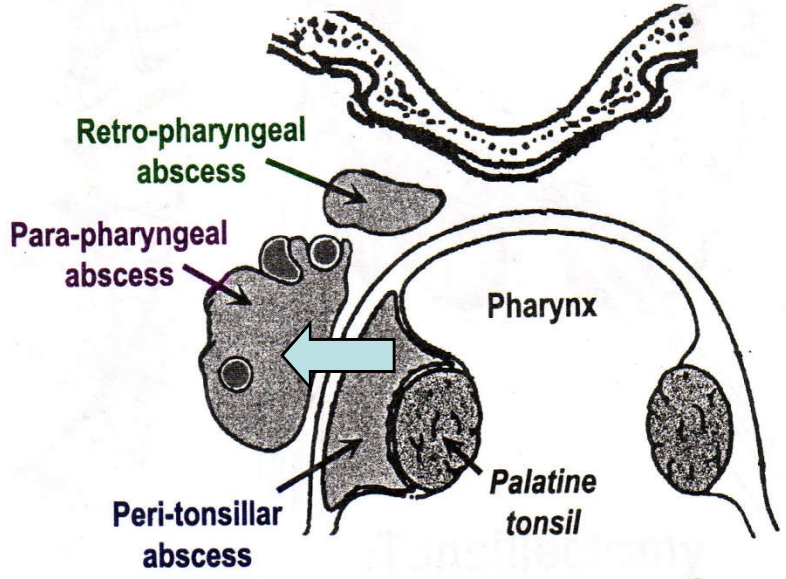
A connective tissue space which:

-Lies on the lateral side of the nasopharnx and oropharynx

-Extends from skull base to hyoid bone

-**Contains**:

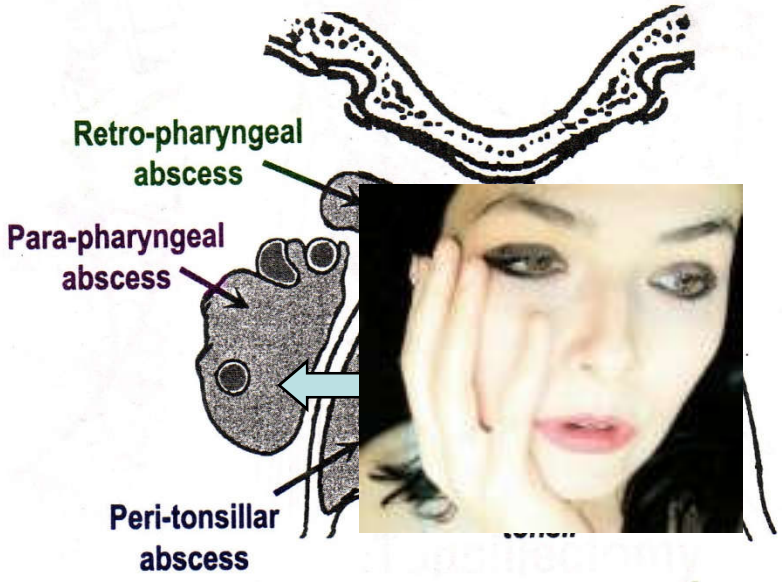
- **Internal carotid artery**
- **Internal jagular vein**
- **Last 4 cranial nerves**
- **Cervical sympathetic trunk**
- **Deep cervical lynph nodes**

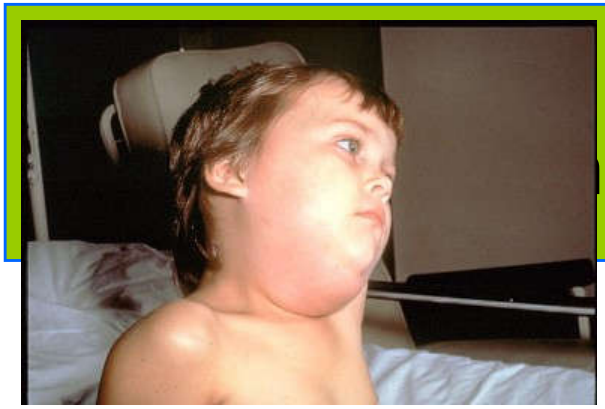


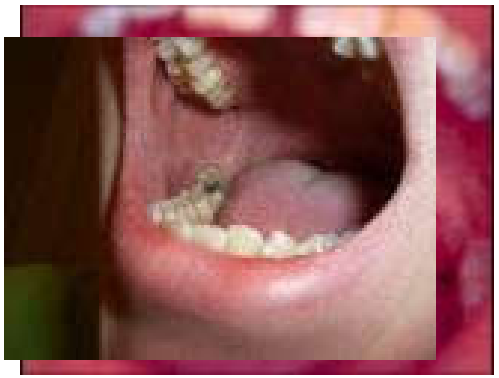
Etiology:

- Acute Tonsillitis or after tonsillectomy
- Infection of last lower molar tooth
- Infection of the parotid salivary gland

The infection passes through the Superior constrictor muscle







Signs:

General; fever

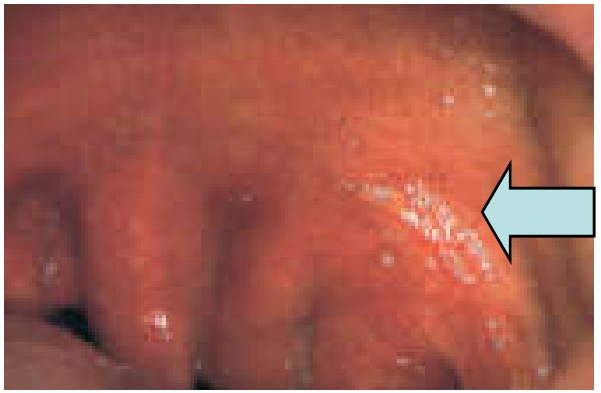
Pharyngeal:

Cervical

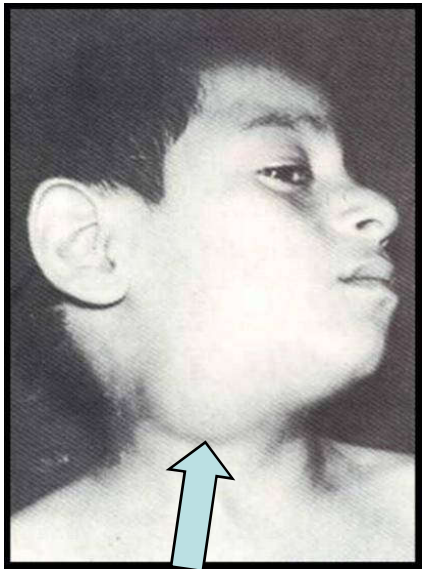
Investigations:

CT & MRI

- The lateral pharyngeal wall & tonsil is pushed medially
-Trismus due to spasm of ptrygoid muscles



A unilateral diffuse tender swelling :
-Below & behind the angle of the mandible
-Deep to the anterior border of the sternomastoid
-The neck is tilted to the diseases side

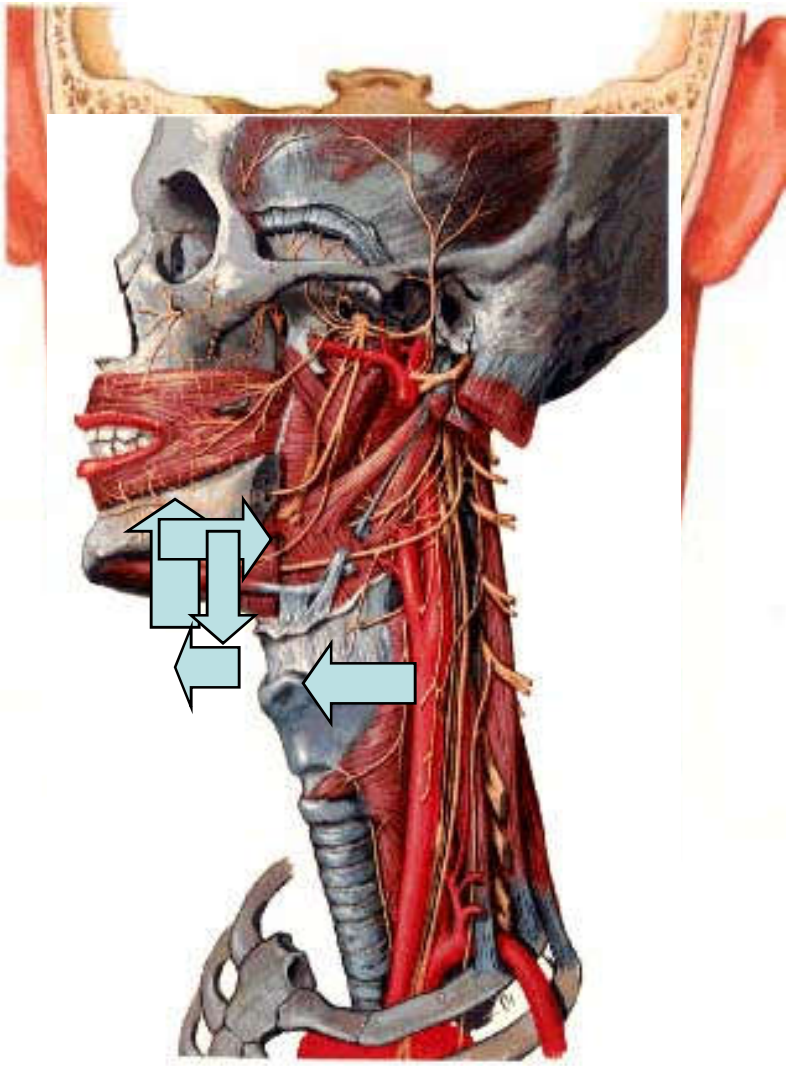


Complications

Spread to

- Skull base → meningitis
- carotid sheath→thrombosis of IJV and rupture of carotid artery
- Mediastinum→ Mediastinitis
- Larynx→ laryngeal edema

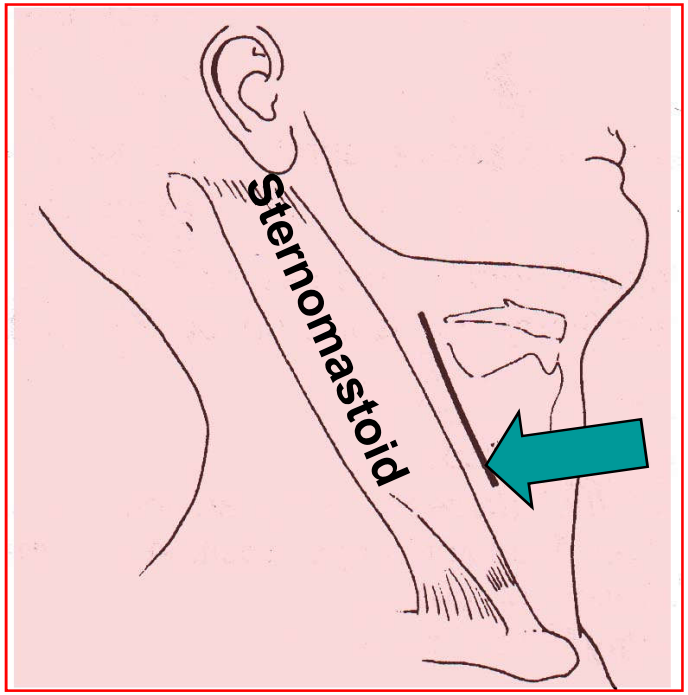
Rupture into the pharynx→ aspiration→ Bronchopneumonia



Treatment

Medical: massive antibiotic therapy
and,

Surgical drainage



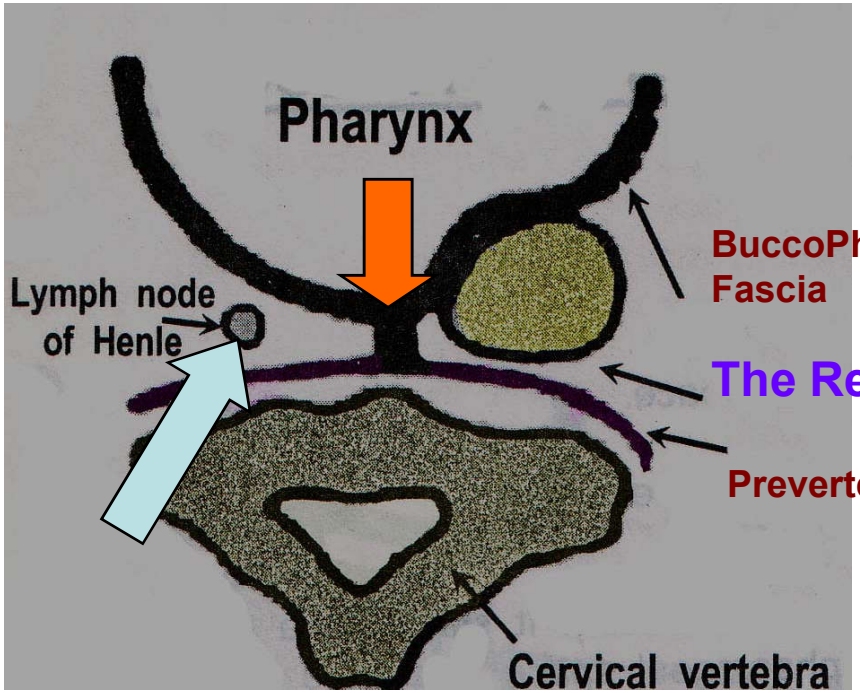
A vertical incision at the anterior border of the sternomastoid muscle

Acute Retropharyngeal Abscess

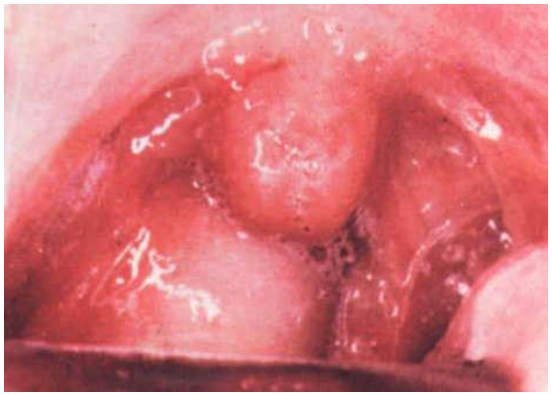
- **It is a connective tissue space between :**
  the buccopharyngeal fascia & pre-vertebral fascia

Collection of pus in the retropharyngeal space

- **The two fasciae are attached to each side by median raphe.**
- **It extends from the skull base to the posterior mediastinum**
- **It contains retropharyngeal lymph node one on each side**
- **The Retropharyngeal LN atrophy at the age of 5**



- Age: below the age of 5 (The Retropharyngeal LN atrophy at the age of 5)
- Site: at one side of the midline (The two fasciae are attached to each other at the midline by median raphe.)
- Etiology



- Upper Rrspiratory Tract Infection with suppuration of Retropharyngeal LN
- After Adenoidectomy operation
- Impacted FB

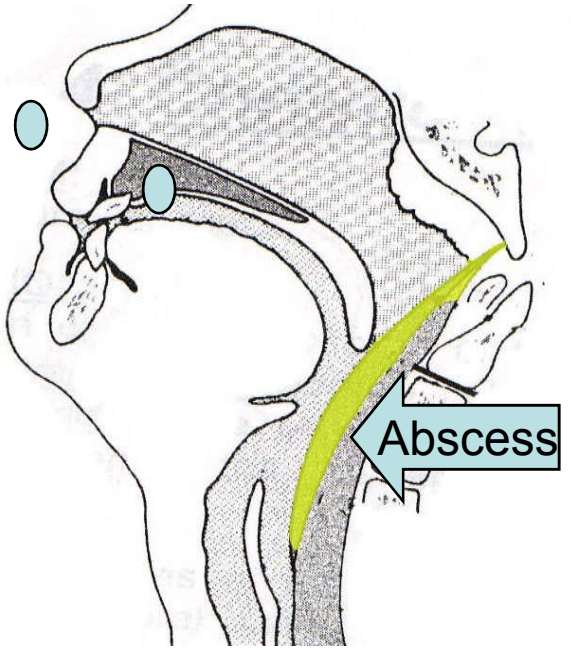
Symptoms

In A child below 5 years

General*:* FHAM

Pharyngeal:

- **Severe sore throat**
- **Dysphagia**
- **Difficult breathing**



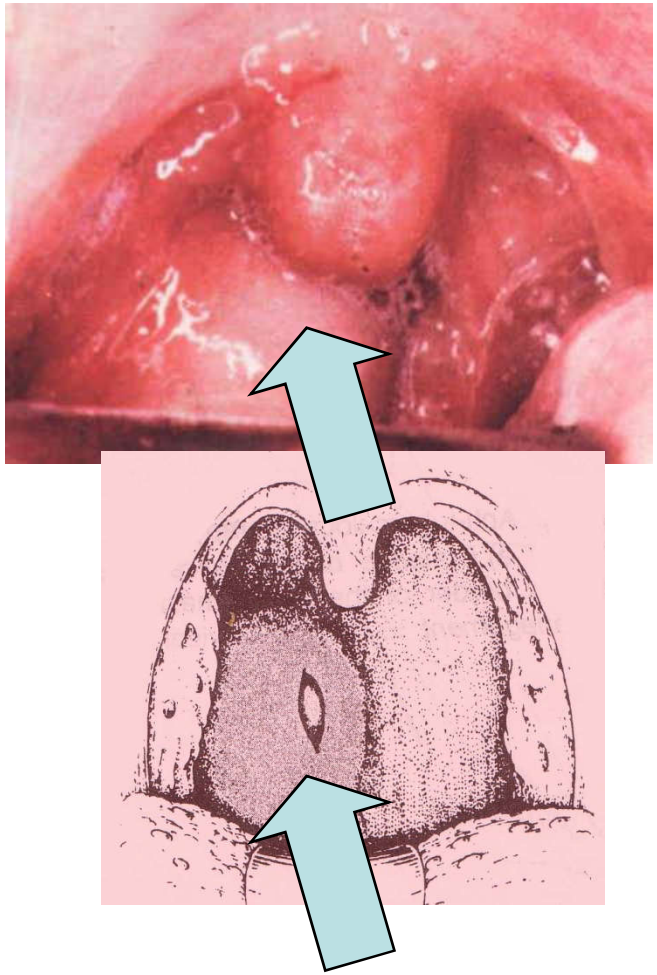
Signs

General: fever

Pharyngeal

Swelling of the posterior Pharyngeal wall to one side of the midline

Cervical: Neck inclination due to muscle spasm



Normal Patient
Lateral view of the Neck

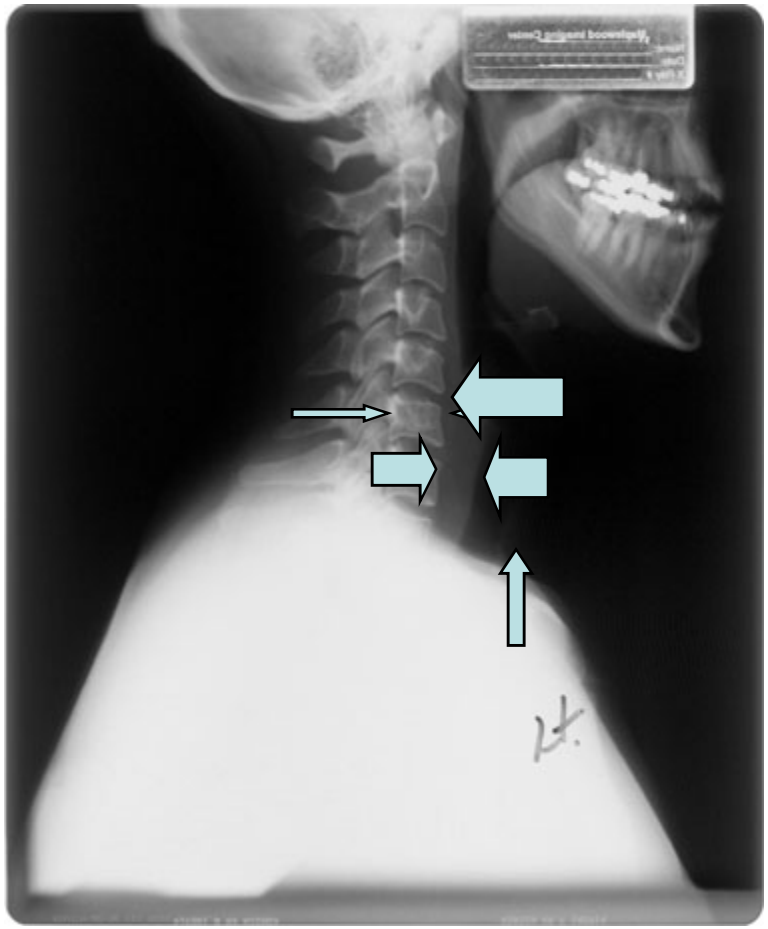
- **Look for**

- **The vertebral column**

  (for any destruction e.g in Pott's disease)

- **The pre-vertebral space** (3/4 the width of the body of the vertebra)

- **The airway**



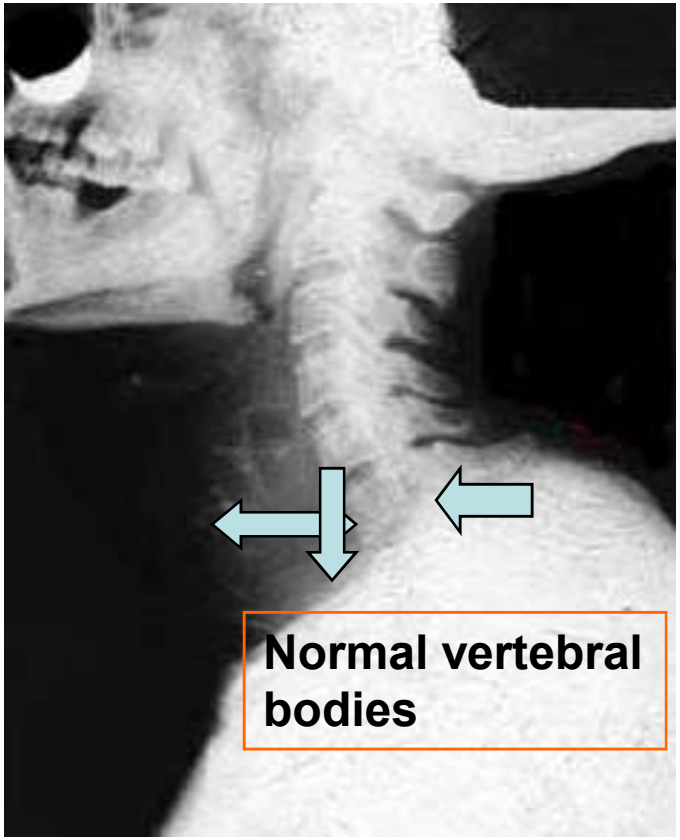
- **Investigations**:

plain X ray & CT scan

Complications:

-Spread to mediastinum→mediastinitis

-Rupture……

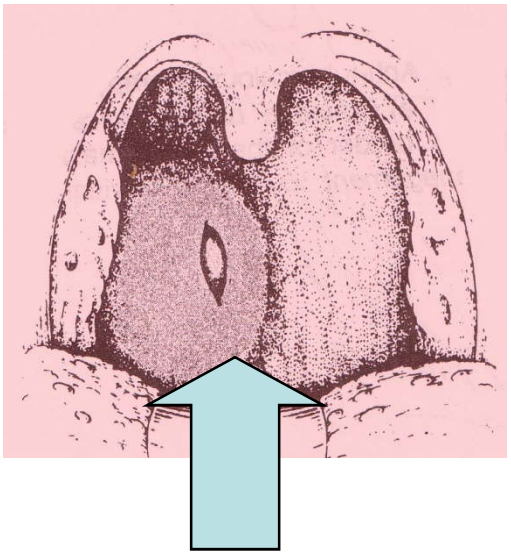


Treatment

Medical: massive antibiotic therapy and,

Surgical drainage

Tracheostomy if indicated



Incision in the posterior pharyngeal wall with the patient in the Trendlenberg position Why?

In this position the head is lower than the chest to avoid aspiration of pus

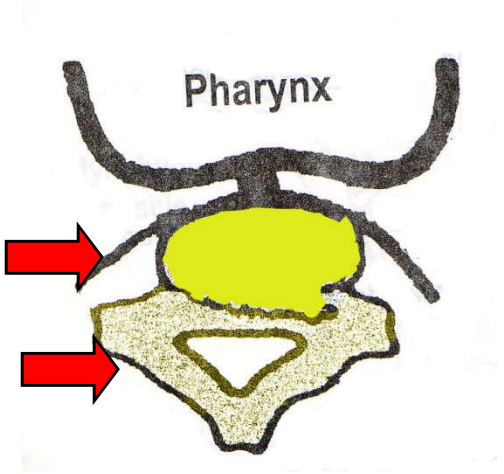
Chronic Retropharyngeal Abscess
Pre-vertebral Abscess

Formation of a cold abscess in the **pre-vertebral space**

What is the pre-vertebral space?

A space between:

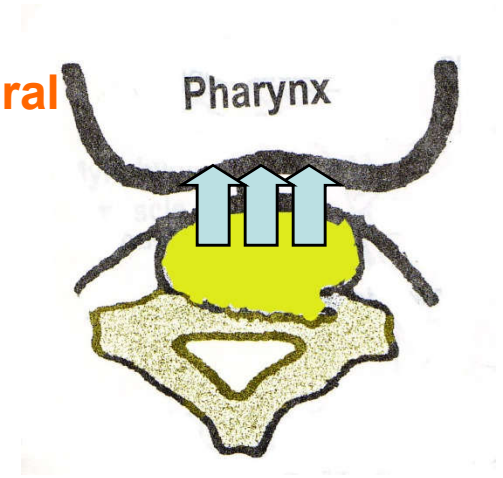
- The cervical vertebrae
- The pre-vertebral fascia



Etiology:

- **Pott's Disease**

  i.e tuberculosis of cervical vertebrae → the abscess rupture through the prevertebral fascia → the abscess reaches the Retropharyngeal space



Symptoms

In an adult

General: Tuberculous Toxaemia

Pharyngeal: Mild sore throat

Cervical: limited painful neck movement

-Night sweets

-Night fever

-Loss of weight

-Loss of appetite

Signs:

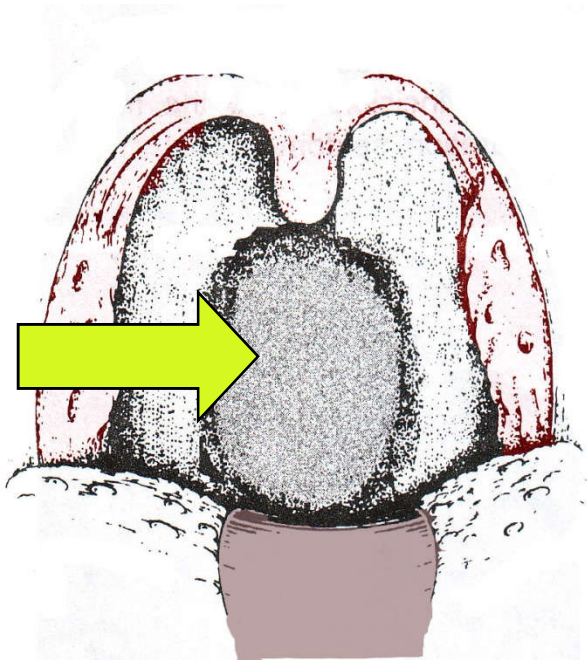
General: Tuberculous toxaemia

Pharyngeal:

Cervical: Tenderness over cervical spines

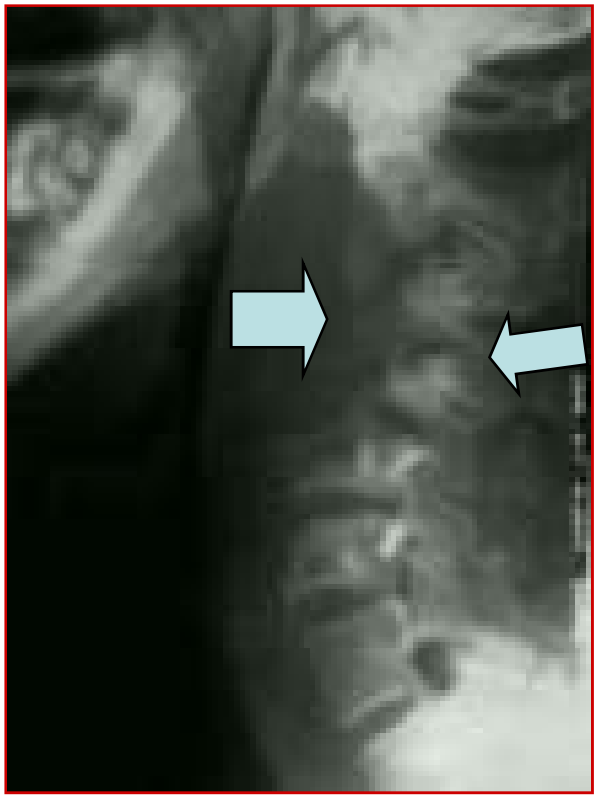
- Pallor
- Low grade fever
- Loss of weight

The swelling lies in the midline of the posterior pharyngeal wall



Investigations

Plain X ray & CT scan



Widening of the Prevertebral space

Destruction of the cervical vertebrae

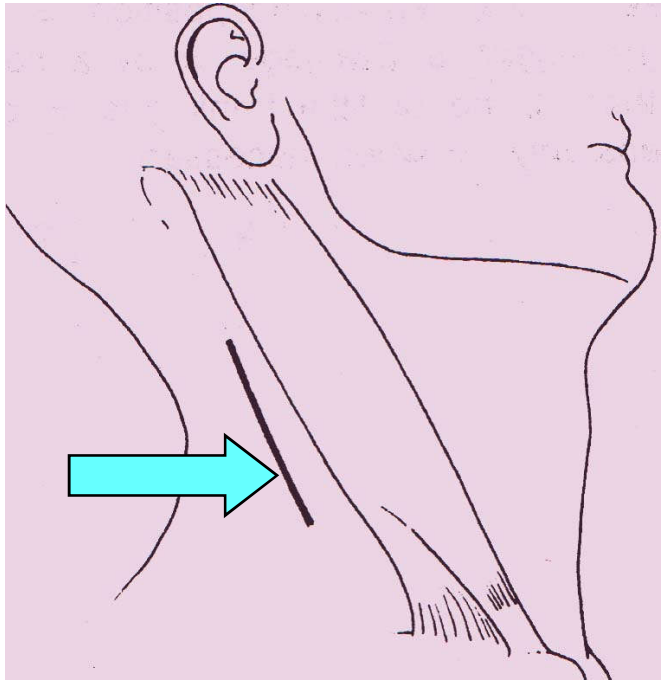
Treatment:

Medical: Antituberculous therapy

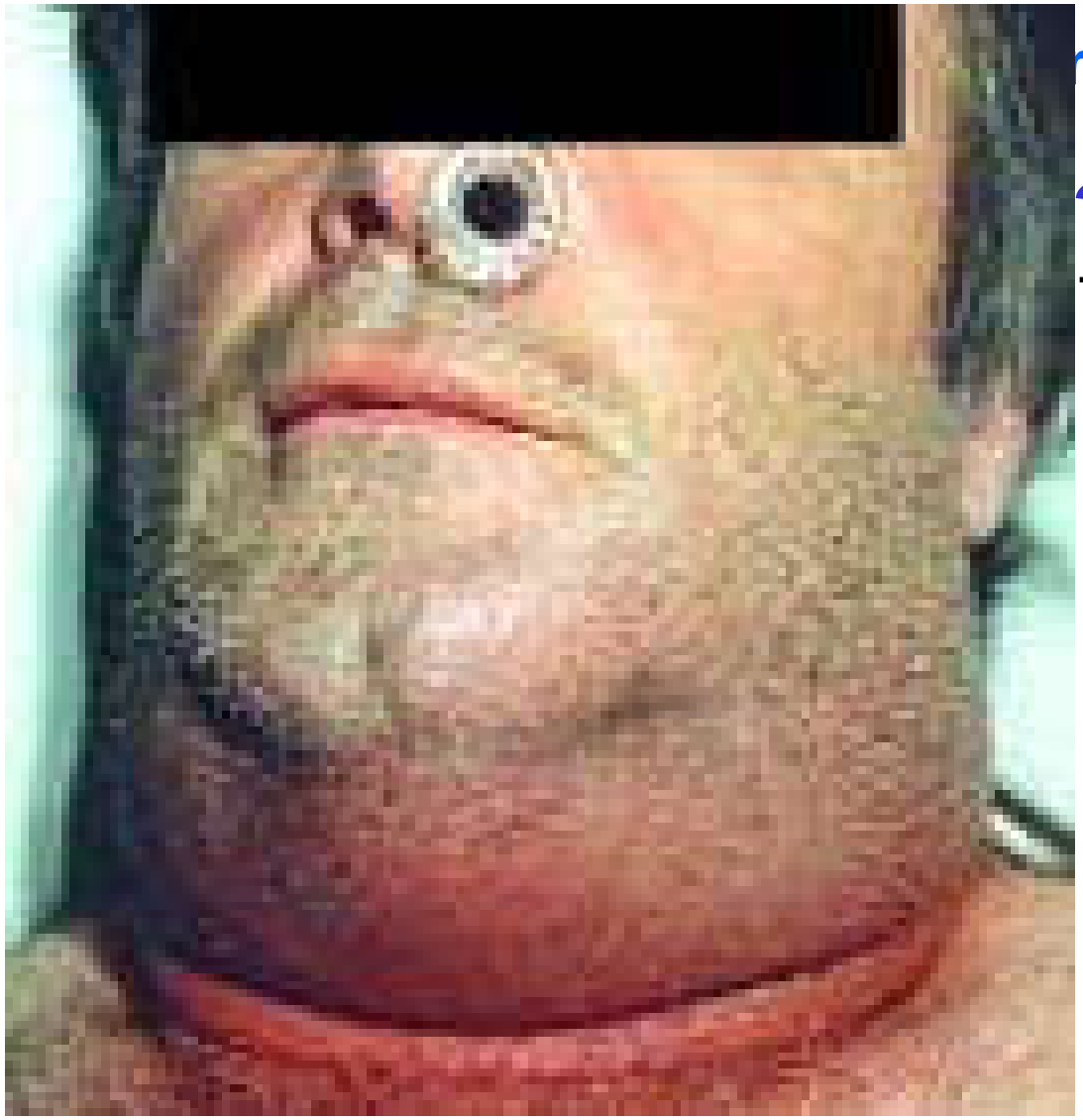
Surgical Drainage

Orthopedic Management

Through a vertical incision along the posterior border of the sternomastoid muscle



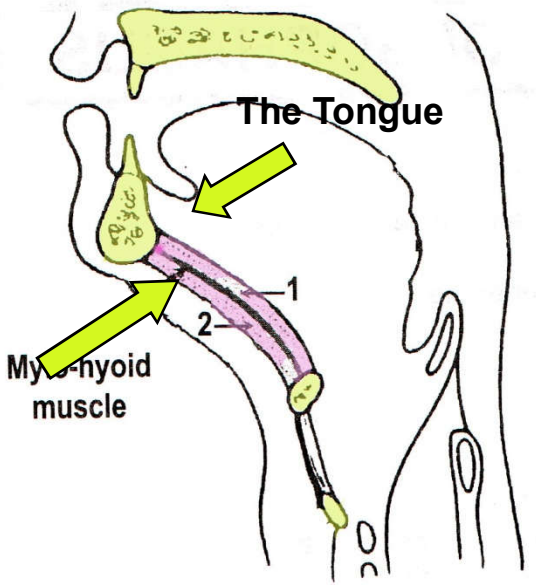
Ludwig's Angina



r of the mouth

?

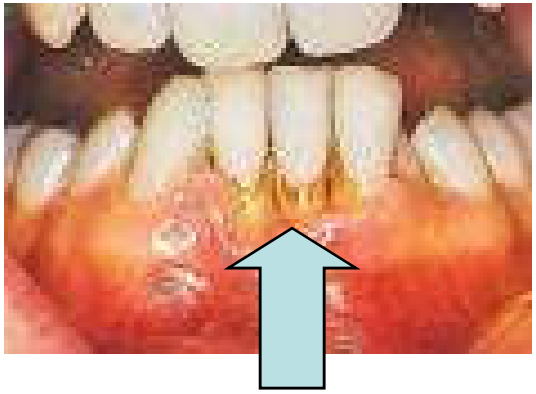
The

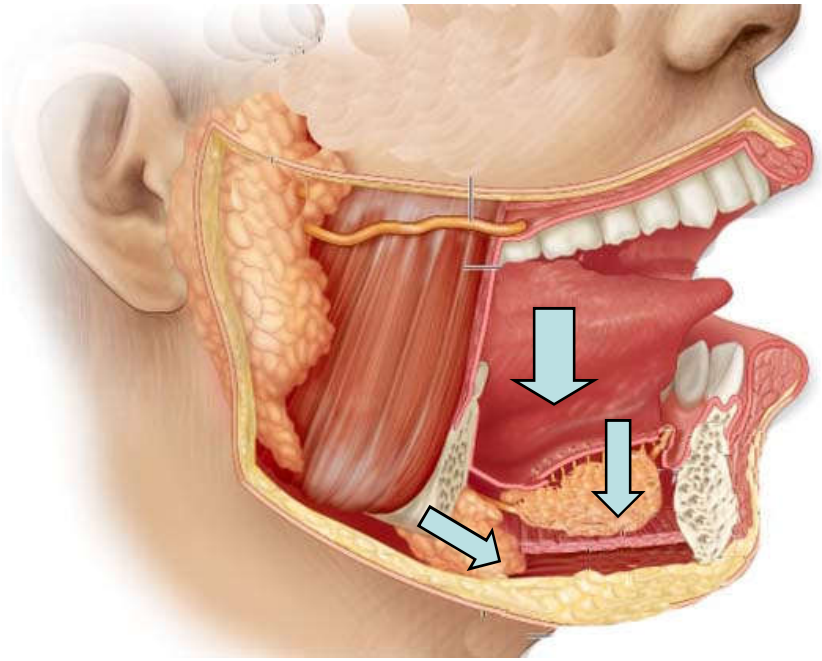


Etiology

Infection of the floor of the mouth e.g:

- Lower teeth (the commonest)
- Tongue
- Mandible
- Sublingual or submandibular salivary gland





Symptoms

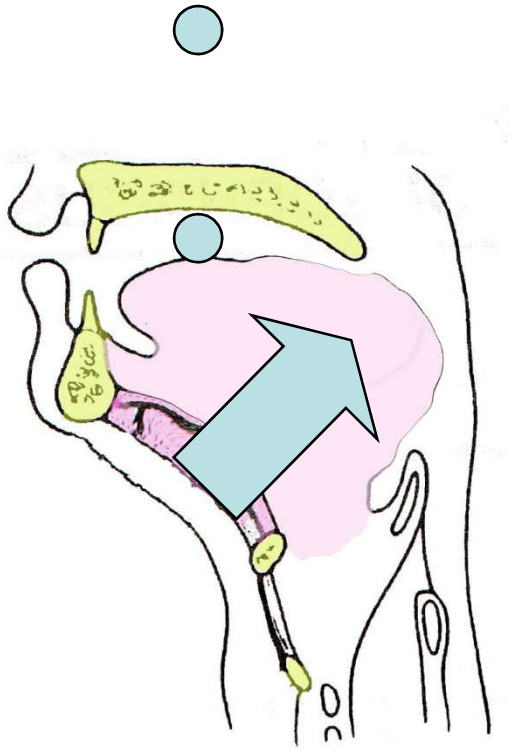
General ; FHAM

Local:

As the tongue is pushed upwards & Backwards → obsrtuct:

The Air Passage & The Food Passage

- Severe Dysphagia
- Severe Dyspnea



Signs

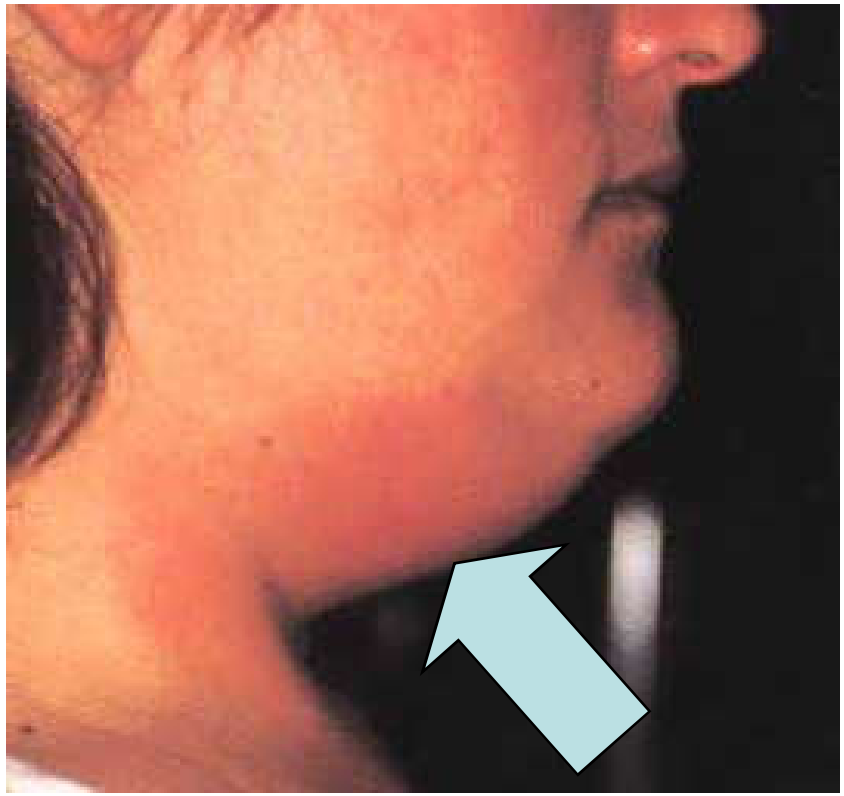
General:Fever

Local: Swelling in the floor of the mouth which pushes the tongue upwards & backwards

Cervical :

Tender indurated swelling of both submandibular regions.

Suppuration seldom occurs



Treatment

Medical:massive Antibiotic therapy

- Bed rest in semi-sitting position to avoid airway obstruction and,

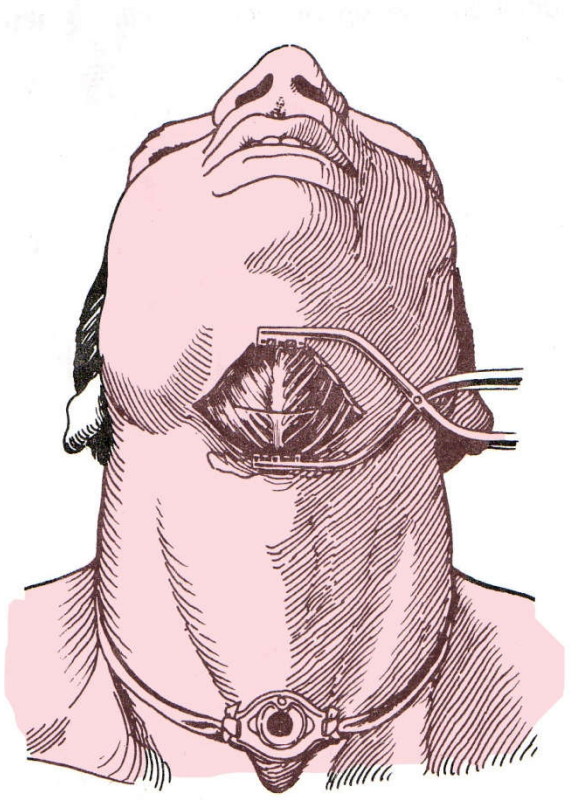
Surgical drainage:

By a horizontal incision below the mandible

Usually there is no or little frank pus

Tracheostomy

If indicated




THANK
YOU!