

PARAPHARYNGEAL ABSCESS

APPLIED ANATOMY

- ▣ Abscess of pharyngomaxillary or lateral pharyngeal space
- ▣ Parapharyngeal space is pyramidal in shape with its base at the base of skull and its apex at the hyoid bone

RELATIONS

- ❑ Medial-Buccopharyngeal fascia covering the constrictor muscles
- ❑ Posterior-Prevertebral fascia covering prevertebral muscles and transverse processes of cervical vertebrae
- ❑ Lateral-Medial pterygoid muscle, mandible and deep surface of parotid gland.

- ❑ Styloid process and the muscles attached to it divide the parapharyngeal space into anterior and posterior compartments
- ❑ Anterior compartment is related to tonsillar fossa medially and medial pterygoid muscle laterally
- ❑ Posterior compartment is related to posterior part of lateral pharyngeal wall medially and parotid gland laterally.
- ❑ Through the posterior compartment pass the carotid artery, jugular vein, IXth, Xth, XIth, XIIth cranial nerves and sympathetic trunk

AETIOLOGY

- ▣ Pharynx. Acute and chronic infections of tonsil and adenoid, bursting of peritonsillar abscess.
- ▣ Teeth. Dental infection usually comes from the lower last molar tooth.
- ▣ Ear. Bezold abscess and petrositis.
- ▣ Other spaces. Infections of parotid, retropharyngeal and submaxillary spaces
- ▣ 5. External trauma. Penetrating injuries of neck, injection of local anaesthetic for tonsillectomy or mandibular nerve block

CLINICAL FEATURES

- ▣ Anterior compartment infections-
 - prolapse of tonsil and tonsillar fossa
 - Trismus
 - External swelling behind the angle of jaw
 - Odynophagia
- ▣ Posterior compartment
 - bulge of pharynx behind the posterior pillar
 - paralysis of CN IX, X, XI, and XII and sympathetic chain
 - swelling of parotid region

- ▣ Fever, odynophagia, sore throat, torticollis (due to spasm of prevertebral muscles) and signs of toxemia are common to both compartments

DIAGNOSIS

- ▣ Contrast-enhanced CT scan neck will reveal the Extent of lesion

Magnetic resonance arteriography is useful if thrombosis of internal jugular vein or aneurysm of internal carotid artery is suspected

TREATMENT

- ▣ Systemic antibiotics
 - Intravenous antibiotics may become necessary to combat infection
- ▣ Amoxicillin-clavulanic acid, imipenem or meropenem with clindamycin or metronidazole
- ▣ Gentamicin-gram negative bacteria

Drainage of abscess

- ▣ Done under general anaesthesia
- ▣ If the trismus is marked, preoperative tracheostomy becomes mandatory
- ▣ If the trismus is marked, preoperative tracheostomy becomes mandatory. Abscess is drained by a horizontal incision, made 2–3 cm below the angle of mandible.
- ▣ Blunt dissection along the inner surface of medial pterygoid muscle towards styloid process is carried out and abscess evacuated
- ▣ A drain is inserted

COMPLICATIONS

- ▣ Acute oedema of larynx with respiratory obstruction.
- ▣ Thrombophlebitis of jugular vein with septicaemia.
- ▣ Spread of infection to retropharyngeal space.
- ▣ Spread of infection to mediastinum along the carotid space.
- ▣ Mycotic aneurysm of carotid artery from weakening of its wall by purulent material. It may involve common carotid or internal carotid artery.
- ▣ Carotid blow out with massive haemorrhage

▣ THANK
YOU