

Picture Story

Retropharyngeal abscess

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This 3 year old child from the suburbs of Colombo presented with high fever and difficulty in feeding of three days duration. There was no history of noisy breathing or drooling of saliva. On examination there was a fullness of the neck on the left, just behind the middle third of the sternocleidomastoid.

Examination of the throat showed a prominent left tonsil with an inflamed posterior pharyngeal wall. The white cell count was $41.4 \times 10^9/L$ with increased neutrophils. A lateral X ray of the neck showing the soft tissue area is shown below. He was treated with intravenous antibiotics for seven days and made an uneventful recovery.

This case reconfirms the importance of examining throats in children and the usefulness of a good quality x ray. Due to use of antibiotics non-

specifically blood cultures may be sterile in most instances. Even with an insidious presentation and no respiratory compromise, early diagnosis and treatment of retropharyngeal cellulitis may halt the progress to abscess formation.

Diagnosis

Retropharyngeal abscess.

References

1. Gaglani M J, Edwards M S. Clinical indicators of childhood retropharyngeal abscess. *American Journal of Emergency Medicine* 1995; **13**(3): 333-6.
2. Ameh E A. Acute retropharyngeal abscess in children. *Annals of Tropical Paediatrics* 1999; **19**(1): 109-12.



Increase in antero posterior distance of retropharyngeal space with soft tissue swelling (abscess).

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