

False Peritonsillar Abscess

Gumersindo Jesus Pérez Ortega^{1*}, Ana Maria Navarro Casanova² and Elena Borreiros Rodriguez³

¹Otorhinolaryngology Service, University Hospital of Jerez de la Frontera, Cádiz, Spain

²Radiodiagnosis Service, Hospital Puerta del Mar, Cádiz, Spain

³Anesthesia and Resuscitation Service, Hospital Universitario Puerta del Mar, Cádiz, Spain

*Corresponding Author: Gumersindo Jesus Pérez Ortega, Otorhinolaryngology Service, University Hospital of Jerez de la Frontera, Cádiz, Spain.

DOI: 10.31080/ASOL.2022.04.0443

A 68-year-old woman came to the emergency department withodynophagia and a foreign body sensation at the level of the left tonsil, with suspicion of a possible peritonsillar abscess of one month's evolution. On examination of the oral cavity, there was moderate swelling of the posterolateral wall of the oropharynx with medialization of the ipsilateral tonsil (Figure 1). On palpation, the swelling was hard and pulsatile. blood under pressure A contrast-enhanced CT scan of the neck was ordered, which reported a giant pseudoaneurysm with saccular morphology dependent on the cervical segment of the left internal carotid artery, with a size of 5 x 4.5 x 4.5 cm in T-CC-AP axes and a neck of 2.7 cm. It exerts a mass effect compressing the ICA, which has a caliber of 2 mm and displaces the structures of the oro and nasopharynx, partially collapsing the lumen (Figure 2 - Figure 3 - Figure 4). This case demonstrates the importance of a thorough examination during the management of infectious cervical disease to avoid lethal complications and the need for multidisciplinary teamwork to obtain the best results for the patient.

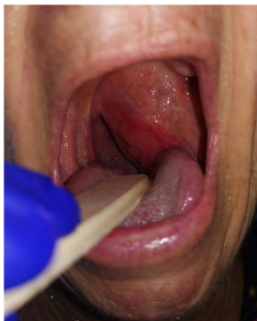


Figure 1: Oral cavity exploration, latero-posterior wall swelling of the Oropharynx.

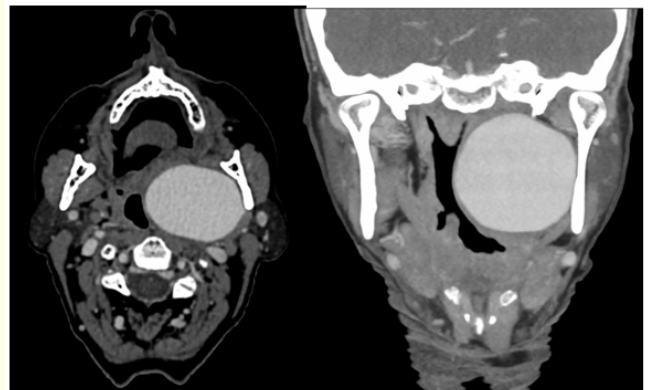


Figure 2: Axial and Coronal Cuts of Giant Pseudoaneurysm of Left Internal Carotid.

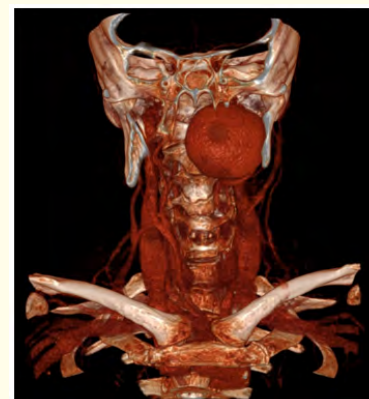


Figure 3: 3D reconstruction, Giant pseudoaneurysm of the left internal carotid artery.



Figure 4: Airway reconstruction.