

SHORT COMMUNICATION

Peritonsillar abscess in children

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Peritonsillar abscess is the most frequent head and neck space infection in children, but more often in young adults. It is the most common complication of acute tonsillitis. Infections of the tonsillar crypts extend beyond the tonsillar capsule to involve the peritonsillar space, between the tonsil and the superior pharyngeal constrictor muscle. Most infections occur in the superior pole of the tonsil, but some involve the midtonsillar area and inferior pole.

Symptoms: Patients complain of fever, swelling in neck, dysphagia, trismus, unilateral throat pain, drooling and the oral airway may be compromised.

Local signs: uvula deviates to the opposite side, erythematous peritonsillar area, swollen tonsil (usually superior pole), cervical lymphadenopathy. The diagnosis of peritonsillar space infection is usually made clinically, but it may be difficult to distinguish between cellulitis and an early abscess.

Therapy: Patients with a peritonsillar abscess should be hydrated and given intravenous antibiotics and analgesics. Surgical therapy – consists of puncture, incision and daily dilatation. Immediate (“hot”) tonsillectomy – after incision and (“cold”) tonsillectomy – few weeks after peritonsillar abscess.

Methods

Our study consisted of a retrospective analysis of the children hospitalized in our the Pediatric Otorhinolaryngology Department with peritonsillar abscess in years 2002–2004. In our group of patients we were concerning on the age, sex, gender, time of hospitalization, site of abscess, used antibiotic therapy and tonsillectomy were considered.

Results

In years 2002–2004, 65 patients with peritonsillar abscess (30 boys, 35 girls) were hospitalized in our Pediatric Otorhinolaryngology Department were hospitalized 65 patients with peritonsillar abscess (30 boys, 35 girls). The Age ranged from 1 to 18 years, the mean age being 14.6 years. The average duration of

the hospitalization was 6.5 days. 34 peritonsillar abscesses were on the right side and 31 on the left side. From the group of 65 patients 62 underwent tonsillectomy and 3 who did not undergo tonsillectomy had relapse of the abscess.

Conclusions

In last years markedly grew the number of children with peritonsillar abscess hospitalized on our clinic increased substantially during the last years.

It is caused especially mainly due to: 1. Incorrect antibiotics therapy – (used of Macrolid antibiotics for acute tonsillitis). 2. Less reduced number of indication of tonsillectomy indications.*

* This work was presented on the Society of the Slovak Physicians in Slovak Medical Society in Bratislava on the March 6, 2006.

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