

A Young Man with Fever and Throat Pain

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Abstract

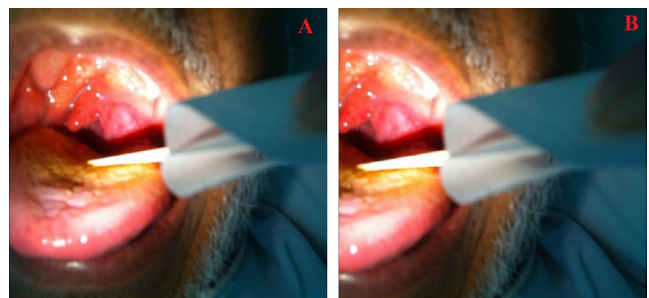
A 32-year-old male, previously healthy, came to the emergency department complaining of fever, cough, and sore throat for two days. His vital signs revealed a 38.7 C temperature, pulse rate of 107/min, and respiratory rate of 24/min. Examination of the throat showed bilateral tonsillar erythema with enlargement and swelling of the left tonsil and deviated uvula to the right side (figure 1 A & B). Thus, analgesia and antipyretics were commenced. His blood tests revealed a WBC of 14 (range 4–11) $\times 10^9/L$ and C reactive protein of 108 (0–5) mg/l. An ultrasound (US) of the affected tonsil with an endocavity probe confirmed abscess collection with the carotid artery close to the inferior segment (figure 2). Thus, a diagnosis of the peritonsillar abscess was confirmed. Consequently, the diagnosis was explained to the patient, and consent was taken for abscess aspiration under local anesthesia. Aspiration was done using an 18 G needle with a plastic cap on and sawed at 1 cm to guard and prevent the needle's deep penetration. The needle was pointed to the superior segment, and 3–4 ml of pus was aspirated. Besides, antibiotics were given, and the patient was discharged to follow with the otolaryngology clinic.

Keywords: Fever, Peritonsillar abscess, Throat pain

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Peritonsillar abscess is defined as a collection of pus behind the tonsils¹. It occurs due to aerobic and anaerobic bacteria, but Group A streptococcus is the predominate organism². Typically, symptoms include but are not limited to fever, change of voice, throat pain, headache, and neck pain. We can notice drooling, salivation, muffled voice, asymmet-



Figures (1A and 1B): throat examination of the patient revealed the left tonsil enlarged and erythematous with the uvula deviated to the right side.

ric tonsillar hypertrophy, and cervical lymphadenitis on examination of the tonsils. The diagnosis mostly depends on history and physical examination. Besides, medical imaging like a Computerized tomography scan and ultrasound can be done to confirm suspected cases or to rule out complications. The management includes removing pus through aspiration, incision, and drainage or tonsillectomy, with particular attention that should be made for maintaining the airways. Additionally, pain medication, antibiotics, steroids, and hydration should be provided where hospital admission is not generally essential³.



(Figure 2): Ultrasound of left tonsil showed abscess collection (peritonsillar abscess)

References

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