



Retropharyngeal and Epidural Abscess

Or WTF is going on

Retropharyngeal abscess

- most commonly in children between the ages of two and four years
 - but can occur in other age groups from neonates to adults



micro

- The predominant bacterial species are *Streptococcus pyogenes*
- *Staphylococcus aureus* (including methicillin-resistant *S. aureus* [MRSA]),
- respiratory anaerobes (including *Fusobacteria*, *Prevotella*, and *Veillonella* species)
- *Haemophilus* species are found occasionally

Clinical symptoms

- Children with retropharyngeal abscess generally appear ill with moderate fever
 - Difficulty swallowing (dysphagia)
 - ●Pain with swallowing (odynophagia)
 - ●Drooling with decreased oral intake
- ●Neck stiffness; ie unwillingness to move the neck secondary to pain (torticollis), particularly unwillingness to extend the neck
 - ●Change in vocal quality (muffled, or with a "hot potato" quality [dysphonia]), gurgling sound, or stertor
 - ●Respiratory distress (stridor, tachypnea, or both); stridor develops as disease progresses
 - ●Neck swelling, mass, or lymphadenopathy
 - ●Trismus (in approximately 20 percent of patients)
 - A neck mass may be palpable if the infection has spread to the lateral pharyngeal space.



Dx

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- the mean WBC was 22,400/microL , in some cases over 30,000

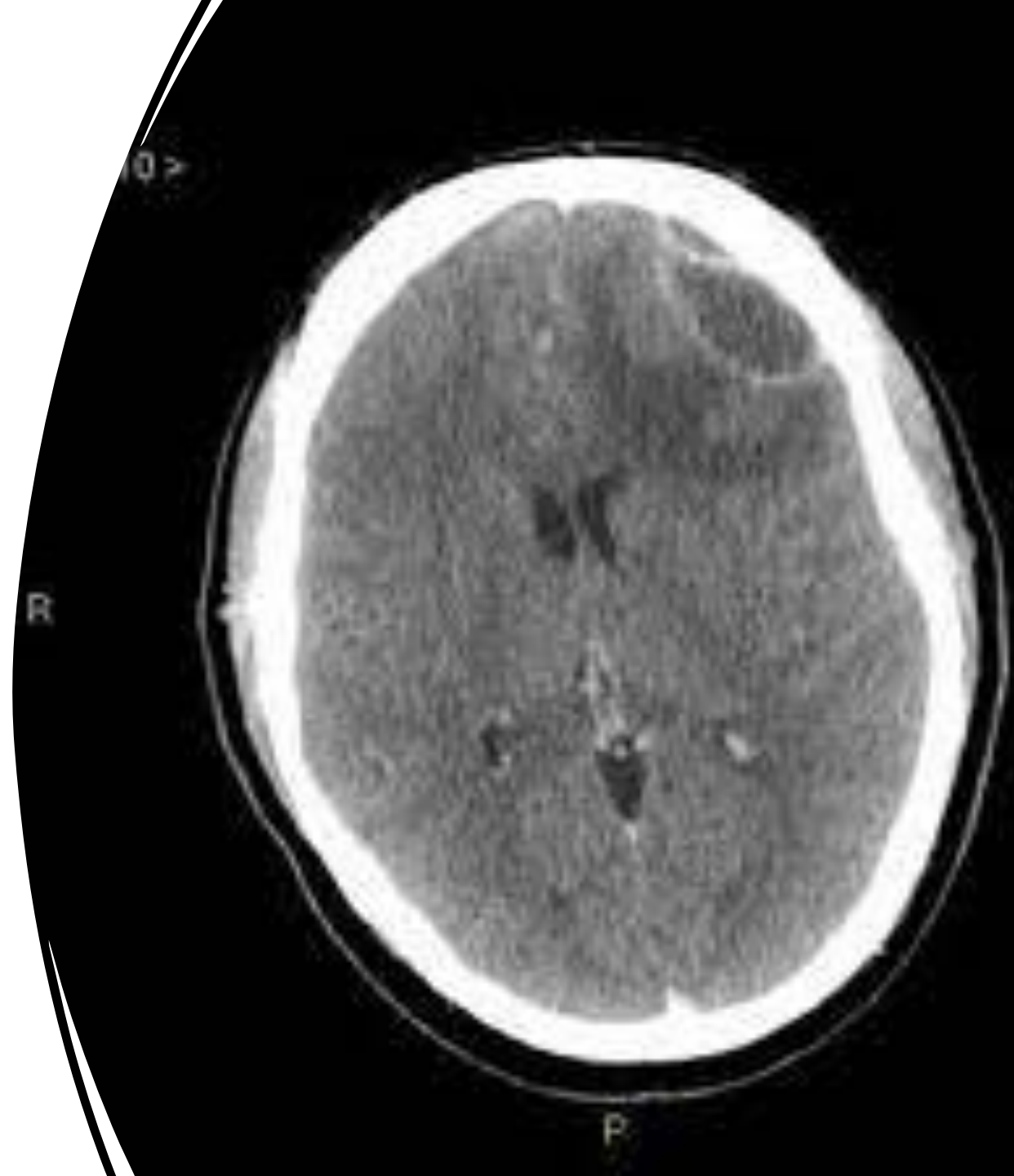
imaging

- the film should be a perfect lateral
 - obtained during inspiration
 - with the neck held in normal extension
- False thickening of the retropharyngeal space also may be caused by crying, particularly in infants.



Epidural abscess

- slowly expanding intracranial mass.
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etiology

- Patients with IEAs complicating sinus infections may have
 - purulent drainage from the nose or ear

Clinical signs

- can eventually cause raised intracranial pressure,
 - Papilledema
- in some cases, focal neurologic signs.
 - Fever,
 - headache,
- lethargy, nausea, and vomiting are common.



Dx

This diagnosis warrants consideration in patients who present with severe headache and fever

and a recent history of an intracranial neurosurgical procedure

or a known or suspected contiguous source of infection, such as sphenoid sinusitis or otitis media.

