

Peritonsillar and Retropharyngeal Abscesses

A peritonsillar abscess is a localized infection (pus) involving the tonsils. Retropharyngeal abscesses occur in the back of the throat. Although these two infections have some differing symptoms, both usually cause fever, sore throat, and difficulty eating. Treatment in the hospital is usually needed, including intravenous (IV) antibiotics and sometimes surgery.

What are peritonsillar and retropharyngeal abscesses?

An abscess is a localized area of infection with pus, usually caused by bacteria. Abscesses can develop in lymph nodes behind the throat (“retropharyngeal”) or in the area of the tonsils (“peritonsillar”). The tonsils are lymph tissue located at the back of the mouth; they can easily be seen when enlarged. Like the lymph nodes, the tonsils contain cells that play a role in the immune system.

The bacteria causing peritonsillar abscesses include “strep” (group A streptococci) and other bacteria from the mouth. Retropharyngeal abscesses are caused by the same bacteria as well as by “staph” (*Staphylococcus*) bacteria. Peritonsillar abscesses usually start from a throat infection, like strep throat. Retropharyngeal abscesses may begin from throat infections or sometimes from dental infections or trauma (such as a laceration or cut in the throat).

What do they look like?

Peritonsillar abscess is more common in older children and teens. Symptoms include:

- Sore throat.
- Fever.
- Difficulty eating.
- Difficulty opening the mouth very wide because of pain.
- The doctor may see that one tonsil is much larger than the other.
- Enlarged glands in the neck.
- Muffled voice.

Retropharyngeal abscess is more common in younger children, usually less than 3 or 4 years old. Symptoms include:

- Many of the same symptoms as peritonsillar abscess (fever, sore throat, difficulty eating).

- Drooling—child refuses to move the neck.
- Sometimes swelling in the back of the throat causes difficulty breathing. Call our office!



What are some possible complications of peritonsillar and retropharyngeal abscess?

- The main complication of both infections, especially retropharyngeal abscess, is blockage of the airway, causing difficulty breathing.
- There is also a risk that the infection will spread to other areas nearby.

How are peritonsillar and retropharyngeal abscess diagnosed and treated?

Diagnosis.

- The doctor will examine your child’s throat to see if there are any obvious areas of swelling or redness. The diagnosis is suspected from the symptoms and medical examination. Especially for retropharyngeal abscess, a special kind of x-ray test called a CT scan is often needed to be sure of the diagnosis.

Treatment.

- *Antibiotics* will be given to kill the bacteria causing the infection. Your child usually needs to go to the hospital so that antibiotics can be given through a vein (intravenous, IV).
 - Antibiotic treatment will continue for at least several days, until your child is feeling better. After the IV antibiotics are stopped, your child will receive oral antibiotics.
- *Incision and drainage* may be needed to drain infected material. This is a relatively simple operation in which a small cut (incision) is made in the abscess to allow removal of the pus and other infected material (drainage). This is done if your child is experiencing difficulty breathing or is not getting better with antibiotics.
 - A sample of the infected material will be tested (cultured) to identify the exact bacteria present. This is important to make sure your child is receiving effective antibiotic treatment.

- For peritonsillar abscesses, a simpler procedure called needle aspiration may be performed. A needle is used to remove as much fluid as possible from the abscess.
- Needle aspiration can often be done using local anesthesia only. General anesthesia may be needed in younger children.
- If the infection doesn't improve after needle aspiration, incision and drainage may still be needed. In some cases, surgery to remove the tonsils (tonsillectomy) may be needed.

Follow-up.

- Make sure your child finishes his or her antibiotic prescription completely! This is very important in order to eliminate the bacteria causing the infection. Don't stop giving antibiotics just because your child is feeling better.
- Your child will receive follow-up care to make sure the infection doesn't return.



When should I call your office?

Call our office if symptoms return (fever, sore throat, etc.) soon after treatment.