Letters and comments

Peritonsillar abscess after tonsillectomy

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COMMENT ON

Farmer SE, Khatwa MA, Zeitoun HM. Peritonsillar abscess after tonsillectomy: a review of the literature. *Ann R Coll Surg Engl* 2011; **93**: 353–357

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We enjoyed reading the comprehensive review by Farmer *et al* on the subject of peritonsillar abscesses following tonsillectomy. We would, however, like to draw attention to the precise nature and terminology used when referring to such abscesses.

It is our experience that patients may develop an abscess in a similar position to a peritonsillar abscess after a tonsillectomy. This may actually occur deep and lateral to the superior constrictor muscle as opposed to between the superior constrictor and any remaining fibrous tonsil capsule tissue. In this way, the patient will indeed present with odynophagia, trismus, systemic malaise with pyrexia and a 'hot potato voice'. On examination, there will be swelling in the lateral pharynx causing medialisation of the tissues including the uvula. This is a separate entity from a collection where there is remaining tonsil tissue that remains a peritonsillar abscess. In cases where there is no tonsillar tissue, however, this may represent a parapharyngeal abscess and should be managed as such.

In the ten papers reviewed, six patients were managed with incision and drainage. It is our practice to obtain cross-sectional imaging with computed tomography of the oropharynx and neck to delineate the extent of the collection and to proceed with incision and drainage under general anaesthesia. The patient should be observed for any evidence of tracking infection as with any parapharyngeal abscess and treated with intravenous antibiotics such as benzylpenicillin and metronidazole.

Authors' Response

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We are delighted that Lamyman and Lamyman enjoyed reading our article and thank them for highlighting the differences between peritonsillar and parapharyngeal abscesses. Our review specifically examined peritonsillar abscess after tonsillectomy.

Parapharyngeal abscess complicating elective tonsillectomy has been reported previously in the literature.¹ We would agree that a parapharyngeal abscess should be considered in the differential diagnosis of a peritonsillar abscess. If a parapharyngeal abscess occurs as a complication of a peritonsillar abscess, then the clinical features may be impossible to distinguish.² In this circumstance we would agree that computed tomography (CT) is important and if there is evidence of a parapharyngeal collection it should, of course, be managed appropriately. However, CT screening of all patients with a peritonsillar abscess would be impractical.^{3,4} None of the papers in our review reported the use of CT for diagnosis of a peritonsillar abscess. It is possible that there may have been misdiagnoses but all patients responded to conventional treatment for a peritonsillar abscess without complications and none were reported to have required transcervical incision and drainage.

References

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