

## **Management and Outcome of Retro Pharyngeal Abscess**

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### **Abstract:**

**Introduction:** Adults are rarely affected by abscesses. They are especially common in immune-compromised people. As a foreign body problem or retropharyngeal complication. In the ENT Department, we received 1 case of retropharyngeal abscess. In acute infection, a tubercular retropharyngeal abscess is uncommon. A tubercular retropharyngeal abscess is most commonly found in the young generation and is caused by infectious diseases of the spinal cord.

**The Main symptoms and/ or clinical finding:** A 28-year-old male was admitted to AVBR Hospital on dated 3 July 2021 with a chief complaint of swelling that had been present for & to 9 months, cough for 8 days, and trouble breathing, which had been present for 15 days. He experienced fever for 8 days and a weakness for four days.

**The Main diagnoses, therapeutic Intervention, and Outcome:** Physical examination, blood test, and CT scan done. The finding shows that Retropharyngeal abscess. Inj. Pan 1.2 mg twice a day, Tab. Limcee 500 mg is given in once a day. Tetanus Toxoid 0.5 ml was given to provide protection (immunity) against tetanus. Injection Pause 50 mg given twice a day. The patient's prognosis was good.

**Conclusion:** Adults with retropharyngeal abscesses are uncommon, but they constitute a major emergency. Comorbidities should be considered when making a diagnosis based on clinical and radiological findings. Antibiotics are used to treat these types of infections.

**Keywords:** Retropharyngeal abscess, Inflammation, Immune compromised.

### **Introduction:**

An infection has developed in one of the deep veins. Cavities. A retropharyngeal abscess is an abscess of the throat. Adult retropharyngeal abscesses are rare, but they can occur as a result of local trauma, such as a car accident, ingestion of a foreign body (e.g., a fishbone), or artificial treatments (laryngoscope, feeding tube, endotracheal intubation installation, and so on), or during disease.[1] A retropharyngeal abscess is an infection in the deep region of the neck that can be fatal if a foreign body causes serious damage. Retropharyngeal abscesses necessitate prompt diagnosis and treatment, which frequently require endoscopic drainage.[2] However, the best time to have medical treatments is still up for discussion. Retropharyngeal abscesses of diagnosis and early management frequently involve drainage to achieve the best results. However, the ideal moment to receive medical care is still being debated. To attain the greatest results, retropharyngeal abscesses should be diagnosed and treated as soon as possible.[3]

However, the question of when to seek medical therapy remains unanswered. The current study looks at our experience treating these abscesses in patients with a variety of etiologies. Abscesses of the oropharynx are a rare but potentially painful disorder. They can affect people of all ages. If not treated adequately, retropharyngeal abscesses can induce upper airway obstruction and asphyxiation. The treatment options for retropharyngeal abscesses are discussed in this exercise. The need for a multidisciplinary team in assessing and managing this condition is discussed in this exercise. Inoculation of the retropharyngeal space can occur as a result of trauma to the posterior pharynx, resulting in a retropharyngeal abscess developing. Trauma to the posterior pharynx can cause inoculation of the retropharyngeal space, leading to the formation of a retropharyngeal abscess. [4]

Adults are the ones who are most affected. Patients under the age of 18 are more likely to contract an upper respiratory tract infection, which can result in supportive cervical lymphadenitis and retropharyngeal abscess. In infants and adults, trauma to the posterior pharynx can cause a retropharyngeal abscess, which causes inoculation of the retropharyngeal space and the formation of an abscess. Retropharyngeal abscesses can develop from primary infections of the tonsils and teeth. Although peritonsillar or par pharyngeal abscesses are more common, peritonsillar or par pharyngeal abscesses are more common. The appearance of a retropharyngeal abscess is similar to that of uncomplicated pharyngitis.[5] Two characteristics of a patient's history that are concerning for early retropharyngeal abscess include an anterior upper respiratory tract infection or trauma to the back pharynx. Upper aero gut blockage symptoms become more noticeable as the infection progresses, and they normally progress over days. The red flags in a patient's history are as follows. The current study looks at how we've dealt with abscesses of various etiologies in the past. The etiology must be investigated in countries.[6]

**Patient Identification:** A 28-year-old male was admitted to A. V. B. R. Hospital, on dated 03/07/2021 with the major complaints the right side of the neck been swollen for 8 to 9 months, breathing trouble for 8 days, fever and cough since 8 days. The patient went all the investigation patient was diagnosed as a case of Retropharyngeal abscess.

**Past Medical history:** The patient had no present history of Hypertension, Diabetes Mellitus, Tuberculosis asthma, etc. The patient doesn't have any past medical history of communicable diseases. The patient does not have any significant surgical history in the past. Family History: The patient belongs to a nuclear family. Only four family members in his family, no one had any communicable or non-communicable diseases except the patient. The patient and his family member do not have any abnormal genetic disorder.

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**Past intervention with outcomes:** In this case, the patient was seen in a private clinic for treatment of swelling on the right-side neck before 1 month ago, but did not respond to treatment. After the patient was admitted to AVBR Hospital on date 03/07/2021 for further treatment.

**Medical, family, and psycho-social history:** The patient doesn't have a past medical history. He was mentally stable. He is oriented to date, time and place. He maintained a good relationship with family members.

**Physical Examination:** The patient was alert and aware of the date, time, and location, and he take care of himself. The Patient's general appearance is good, he was well-nourished, the patient was active and not dull nature, patient-maintained hygiene and personal grooming, Patient's mental status is inside, but slight behavior changes occur due to the hospitalization. Physical examination shows swelling on the right-side lower neck.

**Diagnostic assessment:** Physical examination, blood investigation, and CT scan done. Blood tests show the Hemoglobin was 12.8 gm%. WBC level was 8900/ microliter Granulocytes: 65/microliter. Lymphocytes: 30/mcl and Leucocytes: 8300/cmm.

In all patients, a cervical CT revealed an isolated retropharyngeal abscess. The biological evaluation confirmed type in elevated white blood cell levels. The tuberculin test resulted in a clear yes.

**Management:** Present diagnosis received Inj. Pantoprazole 40 mg twice a day. Pantoprazole injection is used as a short-term treatment to treat gastroesophageal reflux disease. Tab. Limcee 500 mg given in once-a-day Limcee Tablet is a supplement of vitamin C (Ascorbic acid) that restores the nutritional deficiency of vitamin C in the body and helps in improving the overall health of an individual. Tetanus Toxoid 0.5 ml was given to provide protection (immunity) against tetanus. Injection Pause 50 mg given twice a day. IV fluid was provided to maintain the fluid and electrolyte

**Prognosis:** After receiving treatment, the patient's condition was good.

**Discussion:** Present case took the medical management. And after receiving medication patient's condition was satisfied. And he gives a response. His prognosis was good, the fatality rate was 2.6 percent in a study of 234 adults in Germany with deep space infections of the neck.[7]

Sepsis with multiorgan failure was the primary cause of mortality. In contrast to children. Adult abscesses caused by nasal or pharyngeal infection are uncommon and mainly occur as a result of trauma, foreign substances, or as a side effect of dental diseases.[8]

Ingestion of fishbone was the primary cause. Males are more likely than females to develop a retropharyngeal abscess, with a reported male preponderance of 53-55 percent. Sore throat, fever, dysphasia, odynophagia, discomfort, and dyspnoea are the most common symptoms in adults. Airway obstruction may be evident in patients with retropharyngeal abscesses. However, this is not always the case. Posterior pharyngeal edema (37%) is the most prevalent physical symptom, followed by mutual agility, cervical adenopathy, drooling, and stridor. [9.10]

A retropharyngeal abscess can be difficult to diagnose clinically because the symptoms are varied and ambiguous. In cases of immunological suppression, such as diabetes, the indications of infection may be absent.[11]

In our investigation, however, the diabetic patient was feverish and exhibited trismus with pharyngeal wall bulging. Although CT can help with diagnosis, it can't tell the difference between an abscess and retropharyngeal cellulitis. When air is seen in the retropharyngeal space, the plain radiograph in lateral view is quite specific. Radiological tests should not cause a delay in treatment. 9 Antibiotics should be administered for any suspected retropharyngeal abscess (which can be altered later). [12,13] There have been earlier reports of tuberculous retropharyngeal abscess, and we saw one case of retropharyngeal abscess owing to Pott's illness that was successfully treated with anti-medication Koch's in our series. According to Lübben and others.[14]

**Conclusion:**

In adults, the retropharyngeal abscess is an uncommon complication that requires immediate medical attention. Comorbidities should be considered when making a diagnosis based on clinical and radiological findings. Antibiotics are used to treat various types of infections.

**Reference:**

1. Ngan JH, Fok PJ, Lai EC, Brainsick FJ, Wong J. A prospective study on fishbone ingestion: experience of 358 patients. *Annals of Surgery*, 1990.211(4):459-462.
2. Arora S, Sharma JK, Pippal SK, Yadav A, Najmi M, Singhal D. Retropharyngeal abscess following a gun shot injury. *Brazilian Journal of Otorhinolaryngology* 2009,75(6): p. 909.
3. Marques PM, Spratley JE, Leal LM, Cardoso E, Santos M. Parapharyngeal abscess in children: five-year retrospective study. *Brazilian Otorhinolaryngology*. 2009,75(6):826-830.
4. Acevedo JL, Shah RK. Retropharyngeal Abscess. *eMedicine Specialties. PediatricsSurgery, Otolaryngology*, 2009.
5. Lafitte F, Martin-Deferential N, Brunet E, et al. Rhinopharynx et espaces profonds de la face: anatomie et applications a la pathologie. *Journal of Neuroradiology*. 1997,24(2):98-107.
6. Herzon FS, Martin AD. Medical and surgical treatment of peritonsillar, retropharyngeal, and parapharyngeal abscesses. *Current Infectious Disease Reports*. 2006;8(3):196-202.
7. Ridder GJ, Technau-Ihling K, Sander A, Boedeker CC. Spectrum and management of deep neck space infections: an 8-year experience of 234 cases. *Otolaryngology-Head and Neck Surgery*. 2005;133(5):709-714.
8. Singh I, Meher R, Agarwal S, Raj A. Carotid artery erosion in a 4-year child. *International Journal of Pediatric Otorhinolaryngology*. 2003;67(9):995-998.
9. Sato K, Izumi T, Toshima M, et al. Retropharyngeal abscess due to methicillin-resistant *Staphylococcus aureus* in a case of acute Medicine 2005;44(4):346-349.
10. Gunawardana SS, Earley AR, Pollard AJ, Bethell D. Twelfth nerve palsy due to a retropharyngeal tuberculous abscess. *Archives of Disease in Childhood*. 2004;89(6):p. 579.
11. Husain, Ayan, ApoorvaNirmal, Parag Aradhey, and Sourya Acharya. "An Acute Pharyngeal-Cervical-Brachial Variant of Guillain-Barre Syndrome Manifesting as Isolated Bulbar Palsy." *JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH* 14, no. 5 (May 2020): OD13–15. <https://doi.org/10.7860/JCDR/2020/43820.13715>.
12. Yarappa, Roopesh, SakshiGagneja, Sourya Acharya, and Shreya Gattani. "Lemierre's Syndrome: A Calamitous Complication of Oropharyngeal Infection." *JOURNAL OF HEAD & NECK PHYSICIANS AND SURGEONS* 7, no. 2 (December 2019): 82–84. [https://doi.org/10.4103/jhnps.jhnps\\_33\\_19](https://doi.org/10.4103/jhnps.jhnps_33_19).
13. Daigavane SV, Abhishek GU. Total Ophthalmoplegia as a Presenting Feature in Nasopharyngeal Carcinoma - A Case Report. *JOURNAL OF EVOLUTION OF MEDICAL AND DENTAL SCIENCES-JEMDS*. 2021 Jan 25;10(4):236–9.
14. Dhakate, V., Singam, A., Bharadwaj, H., 2020. Evaluation of nasopharyngeal airway to facilitate nasotracheal intubation. *Annals of Maxillofacial Surgery* 10, 57–60. [https://doi.org/10.4103/ams.ams\\_190\\_19](https://doi.org/10.4103/ams.ams_190_19)