

CONFERINTA ȘTIINȚIFICA ANUALA CERCETAREA ÎN BIOMEDICINA ȘI SĂNĂTATE: CALITATE, EXCELENȚĂ ȘI PERFORMANȚĂ



CERVICAL PHLEGMON - UNFAVORABLE EVOLUTION OF PERITONSILLAR ABSCESS

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Introduction

Cervical phlegmon is an extremely severe complication, most commonly caused by dental pathology, peritonsillar abscess, infected wounds, inflammation of the lymph nodes and salivary glands. International studies report the occurrence of cervical phlegmon in 28.74% of cases as a result of peritonsillar abscess.

Keywordscervical phlegmon, cervicotomy, peritonsillar









Purpose

abscess

Identifying the specific features of the evolution of cervical phlegmons to make their diagnosis and management more efficient.

Material and methods

In the ENT Clinic of the Republican Clinical Hospital "Timofei Moșneaga", between 2020 and 2022, were treated 8 patients with cervical phlegmon as a complication of a peritonsillar abscess. The age of the patients ranged from 37 to 81 years. The onset of clinical manifestations, such as cervical swelling, pain, hyperemia, odynophagia, fever, was noted on the 3-5th day after the incision and drainage of peritonsillar abscess.

Results

In all cases, surgery (cervicotomy and tonsillectomy) was performed at one time, associated with intravenous antibacterial therapy, anti-inflammatory, analgesic, hydro-electrolytic and acid-base rebalancing. Bacteriological analysis of the pathological material determined Gram + pathogens in 6 cases and anaerobic infection - in 2 cases. From the group of operated patients, 2 patients mediastinitis and 1 patient – pleurisy on the same side. Also, 3 of patients included in the study have been tested positive for SARS-CoV2 infection.

Conclusions

The success of complex surgical cases depends on the patient's multimodal approach, effective teamwork with thoracic surgeons and anaesthesiologist, also the individualization of treatment according to the particularities of each case: location and extension of phlegmon, complications, age and general conditions associated.