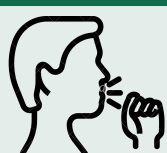


QUINSY



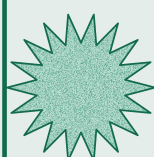
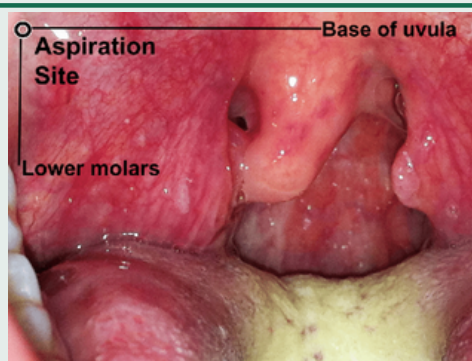
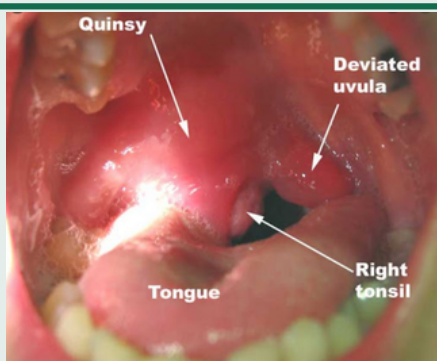
AETIOLOGY

Peritonsillar abscess is a rare complication of acute tonsillitis. A quinsy is usually found laterally between the palatine tonsils and the pharyngeal mucosa. Quinsies occur as a consequence of bacterial tonsillitis predominantly by *streptococcus A*

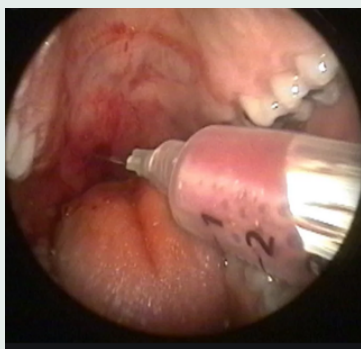


SIGNS & SYMPTOMS

- Painful throat (unilateral)
- odynophagia
- fever
- drooling of saliva
- halitosis
- trismus
- stertor (snoring)
- "hot potato" voice
- deviated uvula
- earache
- neck stiffness
- tender ipsilateral lymphadenopathy



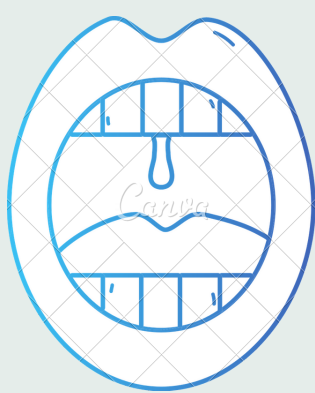
INVESTIGATIONS



- Usually clinical
- Needle aspiration (quinsy or tonsillar cellulitis?)
- Bloods to consider: FBC, U&Es, CRP
- Consider CT neck if not improving and to rule out head/neck malignancy

MANAGEMENT

- IV Fluids
- Analgesia
- Topical analgesic throat sprays
- IV Antibiotics
 - e.g. penicillins, cephalosporins, co-amoxiclav, clindamycin (refer to local GGC guidelines)
- IV Immunoglobulins (*S.pyogenes*)
- Needle aspiration
- Incision and drainage
- Quinsy tonsillectomy



COMPLICATIONS

- abscess spread can lead to necrotising fasciitis; mediastinitis, pericarditis or pleural effusions in rare cases
- airway compromise is very rare
- recurrent peritonsillar abscesses
- haemorrhage from tonsillectomy



INFORMATION SOURCE

1. Mohamad I, Yaroko A. Peritonsillar swelling is not always quinsy. *Malays Fam Physician*. 2013;8(2):53-55. Published 2013 Aug 31.
2. <https://teachmesurgery.com/ent/throat/tonsillitis/>
3. <https://patient.info/doctor/peritonsillar-abscess>
4. Hathway, Russell & Doddi, Neela. (2013). Peritonsillar abscess. *Foundation Programme Journal*, April 2013, Pages 43-47..

