NHS Trust

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CASE 1:

32-year-old female, with history of recurrent tonsillitis, presented with complaints of sore throat. Clinically she seemed to have left para tonsillar abscess.

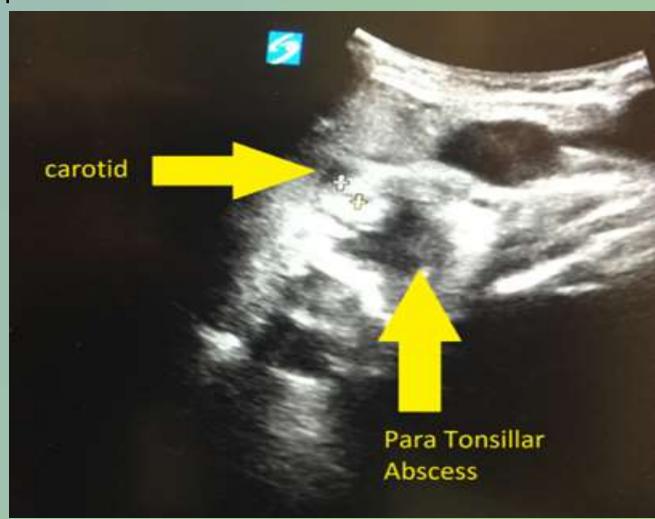
Point of care ultrasound was used assess if the patient had tonsillar cellulitis vs tonsillar abscess, amenable to aspiration. Also, POCUS could guide about the adjacent vasculature to avoid.

POCUS demonstrated a 2.76 x 2.11 cm abscess cavity which was approximately 0.6 cm away from the carotid.

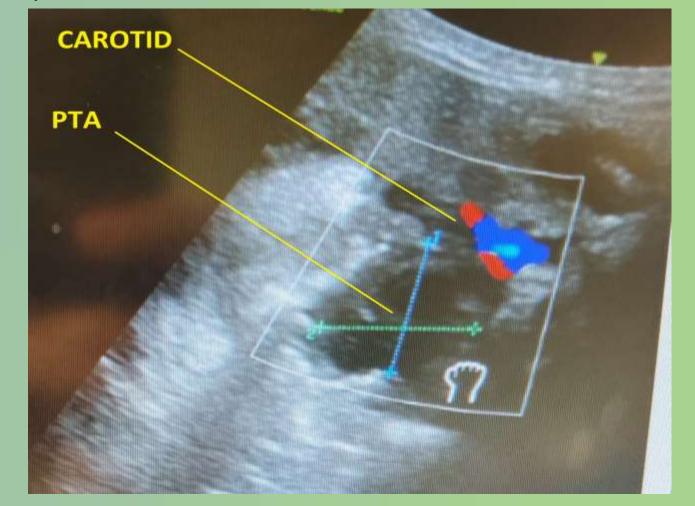
CASE 2:

25-year-old male with 2 failed attempts at drainage of quinsy presented to the ED again with worsening throat pain. POCUS demonstrated para-tonsilar abscess and its distance from the carotid vasculature.

CASE 1: Image of carotid vasculature and para-tonsillar abscess



CASE 2: Image of carotid vasculature and para-tonsillar abscess



KEY LEARNING POINT:

Traditionally endocavitary probe has been used to assess for PTA and its drainage.

Submandibular approach provides an alternate way to assess if there is a surgical target or not. It also allows assessment of the nearby vascular structures to avoid while aspirating.

Unlike endocavitary probe, this method has the advantage of real time ultrasound guided aspiration of the abscess, which is otherwise attempted as a blind procedure with inherent risk of carotid puncture.

REFERENCES:



