

# Presentation in Peritonsillar Abscess

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This study was carried out in the Department of ENT, Unit-I Mayo Hospital Lahore and fifty cases of peritonsillar abscess were selected for the study. The diagnosis of peritonsillar abscess is made on history and clinical examination of the patients. This study focuses on different modes of presentation of peritonsillar abscess. The majority of the patients were male and maximum incidence of peritonsillar abscess was found in age group 11-30 years.

**Key words** Peritonsillar abscess, Sepsis, Tonsillitis, Trismus, Otagia.

A peritonsillar abscess (quinsy) is a collection of pus between fibrous capsule of the tonsil, usually at its upper pole, and the superior constrictor muscle of the pharynx. The route of infection is probably via a crypt that penetrates or almost penetrates the capsule.

The accumulation of pus designates the lesion as peritonsillar abscess as distinguished from initial cellulitis stage also called peritonsillitis or peritonsillar phlegmon<sup>1</sup>. Peritonsillar infection usually occurs in individuals with recurrent tonsillitis who have been inadequately treated or may arise de novo with no preceding tonsillitis or even after tonsillectomy due to inadequate surgery<sup>2</sup>.

A quinsy is commonly seen in young adults and rarely in children and is almost always unilateral, although tonsillitis is usually a disease of childhood and occurs bilaterally<sup>3</sup>.

## Patients and methods

This study was carried out in the Department of ENT Unit-I, Mayo Hospital/King Edward Medical College, Lahore, during 1998-99. A total 50 patients with peritonsillar abscess were included in this study. These patients were admitted through emergency as well as outpatient department. The diagnosis was made on history and a thorough clinical examination of the patients. Each patient was assessed with regard to the presence of sore throat, odynophagia, pyrexia, trismus and drooling. Routine investigations were performed in every patient. A permucosal needle aspiration was performed to confirm whether there was pus or not. The pus was sent for culture and sensitivity. Incision and drainage of peritonsillar abscess was performed in cases in whom pus was aspirated. Parenteral antibiotics were given to every patient.

## Results

This study revealed that peritonsillar abscess has a male preponderance. Out of total 50 cases, 43(86%) were male, while 7(14%) were female with a male to female ratio 6:1 (Table-1). The age of patients ranged from 1-60 years.

Majority of the patients (70%) belonged to the age group 11-30 years (Table-2).

Table-1. Sex Distribution of Patients with Peritonsillar Abscess

Sex of patients	No. of patients	%Age
Male	43	86
Female	7	14
Total	50	100

Table-2. Age Distribution of Patients with Peritonsillar Abscess.

Age group	No. of patients	%age
1 - 10 years	2	4.00
11 - 20 years	15	30.00
21 - 30 years	20	40.00
31 - 40 years	7	14.00
41 - 50 years	4	8.00
51 - 60 years	2	4.00
Total	50	100.00

Various symptoms which were present at the time of admission are shown in Table-3. Sore throat, dysphagia and trismus were present in all (100%) cases. Pyrexia was present in 45(90%) cases, drooling in 33(66%) cases and referred otalgia in 6(12%) cases. Majority of the patients had three or more than three symptoms at the time of presentation.

Site distribution of peritonsillar abscess is given in Table-4, which shows that the majority (58%) of the cases presented with right sided quinsy while 42% cases presented with left sided quinsy and no case of bilateral quinsy was recorded. There was a previous history of peritonsillar abscess in only one case while 28 cases (56%) had previous history of sore throat.

Table-3. Symptoms of Patients with Peritonsillar Abscess.

Symptom	No. of patients	%age
Sore throat	50	100.00
Dysphagia	50	100.00
Fever	45	90.00
Trismus	50	100.00
Drooling	33	66.00
Otagia	6	12.00

Table-4. Site Distribution of Peritonsillar Abscess

Site of quinsy	No. of patients	%Age
Right sided quinsy.	29	58.00
Left sided quinsy.	21	42.00
Bilateral quinsy.	0	0.0
Total	50	100.00

### Discussion

The present study was carried out to evaluate the patients of peritonsillar abscess for different clinical presentations. Peritonsillar cellulitis and peritonsillar abscess are fairly common occurrences in young adults and are rare in young children and in older people. Our study revealed that the majority of the patients belonged to male population and of young adult age group which is comparable with other studies<sup>4,5</sup>. According to Fried and Forest, dental caries and allergies may be contributory factors in the aetiology of chronic tonsillitis which may further lead to the development of peritonsillar abscess<sup>6</sup>.

Our study revealed that the symptoms of sore throat, dysphagia and trismus were present in all cases of peritonsillar abscess while pyrexia was the second most common symptom. The results of our study coincide with that of previous studies<sup>7,8</sup>.

In our study 28(56%) patients presented with previous history of recurrent tonsillitis. These results are comparable with a previous study, which showed that over half of the cases of quinsy have histories of previous tonsillar infections<sup>9</sup>. There were only 2 cases of quinsy in 1-10 years age group. A previous study also revealed that quinsy is rare in infants and children<sup>10</sup>. In our study majority of the patients presented with right-sided quinsy but it is said that any side can be involved.

Although incision and drainage is said to be the accepted form of treatment but few surgeons have suggested that permucosal needle aspiration of the abscess is equally efficacious, cost effective and less distressing for the patient<sup>11,12</sup>.

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