Retropharyngeal abscess

Descriptions of the clinical features of retropharyngeal abscess (RPA) in textbooks and journals have been varied. Some have described a presentation similar to that of acute epiglottitis, with fever, stridor, and drooling. Others have emphasised neck swelling or non-specific symptoms such as irritability, fever, and refusal to eat. Neck rigidity, neck hyperextension, or meningism have been included and yet others have referred to a paucity of clinical findings. Clinicians in Salt Lake City (Frances W Craig and Jeff E Schunk. Pediatrics 2003;111:1394–8) have reported their experience with 64 children over a 5-year period (1993–98).

During the study period 71 children aged 16 years or under were discharged from the tertiary care children's hospital with a diagnosis of RPA. Six were of traumatic origin and are not discussed any further and one patient was excluded because of lack of imaging confirmation of the diagnosis. Of the 64 study cases 48 (75%) were under 5 years old and 10 (16%) were infants. Four were over 12 years old. Prominent presenting complaints included neck pain (24 patients), fever (11), sore throat (11), neck mass (10), and respiratory distress or stridor (3). In all, 50 had fever, 43 neck pain, 24 sore throat, and 13 cough. Fifty-three patients had limited neck movement and a neck mass was noted in 35. Only two patients had stridor or wheezing on physical examination and five were described as lethargic or listless. Lateral X-rays of neck were obtained in 44 cases and were described as abnormal in 38, possibly abnormal in three, and normal in three. Computerised tomography was performed on 62 patients and all were abnormal (a condition of entry to the study) but an abscess was reported in only 27 and a possible abscess in 13. For two patients the diagnosis of RPA depended on fluoroscopic findings.

Twenty patients had a blood culture taken but only one produced a growth (Staphylococcus aureus). Swabs taken at operation in 20 cases produced a growth in 17 (group A Streptococcus 13, S aureus 2, Haemophilus influenzae 1, anaerobes 1). Thirty-seven patients recovered on antibiotics alone and 27 had surgical drainage. Surgery was performed on 17 of 27 patients with abscess on CT scan, 8 of 13 with possible abscess, and two of 22 with a CT diagnosis of cellulitis. All 64 patients recovered. Length of hospital stay ranged from one to 13 days and averaged 5 days with surgery and 3 days without.

The clinical features of RPA (or cellulitis) in children are variable but limitation of neck movement, especially of neck extension to look up, is often found. Respiratory distress and stridor are uncommon. Many patients recover with antibiotics alone but surgery may be necessary. CT scanning may demonstrate abscess formation.