Differentiating tonsillar abscess and cellulitis

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DISCLOSURE

I do not have any relevant financial relationship with commercial interest to disclose.
Learning Objective:

Differentiate between an abscess and cellulitis
So .... What is the difference ??

Definition

Presentation

Diagnosis

Management
Definition:

Peritonsillar cellulitis:

It's an inflammatory reaction of the tissue between the capsule of the palatine tonsil and the pharyngeal muscles that is caused by infection, but not associated with pus collection.
Peritonsillar abscess:

Its collection of pus between the capsule of the tonsil usually at its upper pole and the pharyngeal muscles.

A complication of acute tonsillitis or may apparently arise de novo.
Presentation:

PTC:

- Sore throat
- Dysphagia
- FAHM
- Swollen congested tonsils +/- exudate
- Enlarged tender JD lymph nodes
PTA- Quinsy:

Quinsy triad:
1- Trismus
2- Uvular deviation
3- Dysphonia (Hot potato voice)

Other presentations:
- Ill toxic looking patient
- Drooling of saliva
- Striking asymmetric tonsillar enlargement with oedema and hyperaemia of the soft palate.
Diagnosis:

- Diagnosis of PTA can be made clinically without laboratory or imaging studies in patient with medial displacement of tonsil and uvular deviation.

- However, clinical features and imaging cannot always distinguish PTA from cellulitis.

- A 24-hour trial of ABx may be helpful, failure to respond to a trial of appropriate ABx suggests PTA.
• Response is improvement in at least one clinical parameter:  
  Sore throat - Fever - Trismus or tonsillar bulge.

• Intraoral or submandibular US can help distinguish PTA from cellulitis and guide for needle aspiration

• Imaging may be necessary to differentiate PTA from deep neck space infections, CT scan with IV contrast is the preferred imaging modality.
Management:

- ABx therapy is recommended for all patients with suspected peritonsillar infection.

- Peritonsillar cellulitis responds to antimicrobial therapy and supportive care alone (good hydration and pain control).

- Empiric therapy should include coverage for Group A streptococcus, S. aureus, and respiratory anaerobes.
How about Quinsy??

- Abscess drainage, ABx and supportive care are the cornerstone of management for PTA

- Prompt surgical intervention is indicated in patients with:
  - Airway compromise, Complications, Enlarging masses, or significant comorbidities.

- The 3 main methods are:
  1. Needle aspiration
  2. Incision and drainage
  3. Abscess Tonsillectomy (either unilateral or bilateral)
Thank you


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