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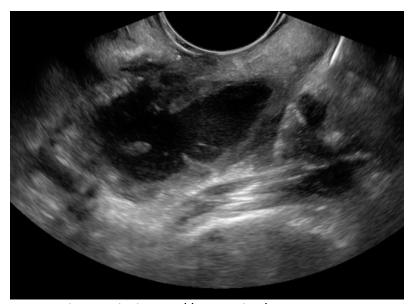
Bedside Ultrasound for the Diagnosis of Peritonsillar Abscess

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Video Link: https://youtu.be/122j4q5Wu9c

https://youtu.be/eiysZrAE5es

History of present illness: A 34-year-old male presented to the emergency department with fever, sore throat, and difficulty swallowing. On exam, the patient had trismus, a deviated uvula, and swelling of his left peritonsillar space. An intraoral point of care ultrasound (POCUS) was performed, which revealed a fluid collection in the patient's left peritonsillar space. The patient was diagnosed with a peritonsillar abscess (PTA) and needle aspiration was performed under direct ultrasound guidance. The patient tolerated the procedure well and was sent home with a course of antibiotics.

Significant findings: The first video is an intraoral ultrasound using the high frequency endocavitary probe demonstrating an anechoic fluid collection adjacent to the patient's enlarged left tonsil. The second video shows real-time ultrasound-guided successful drainage of the PTA.





Discussion: Peritonsillar abscesses are the most common deep space infection of the head and neck¹, most commonly affecting children and young adults.² The ability of physicians to accurately differentiate PTA from peritonsillar cellulitis (PTC) by physical exam alone is limited. Traditionally, PTA has been treated using landmark-based needle aspiration.³ If unsuccessful, computed tomography (CT) imaging and otolaryngology (ENT) consultation is usually required.³ Although diagnosis of PTA using intraoral ultrasound has a sensitivity and specificity of between 89%-95% and 79%-100% respectively, it is still underutilized in comparison to these traditional methods.⁴ Studies have shown the use of ultrasound for diagnosis and treatment of PTA leads to significantly better outcomes and higher success rates of drainage (when compared to landmark-based needle aspiration), less need for CT imaging, and less need for ENT consultation.³ Utilizing intraoral point-of-care ultrasound is an efficient, safe, and cost-effective way of diagnosing and treating PTA.

Topics: Peritonsillar abscess, intraoral ultrasound, head and neck, point of care ultrasound, otolaryngology, ENT.

References:

- 1. Galioto NJ. Peritonsillar abscess. Am Fam Physician. 2017;95(8):501-506.
- 2. Schraff S, McGinn JD, Derkay CS. Peritonsillar abscess in children: a 10-year review of diagnosis and management. *Int J Pediatr Otorhinolaryngol*. 2001;57(3):213-218. doi: 10.1016/S0165-5876(00)00447-X
- 3. Costantino TG, Satz WA, Dehnkamp W, Goett H. Randomized trial comparing intraoral ultrasound to landmark-based needle aspiration in patients with suspected peritonsillar abscess. *Acad Emerg Med.* 2012;19(6):626-631. doi: 10.1111/j.1553-2712.2012.01380.x
- 4. Powell J and Wilson JA. An evidence-based review of peritonsillar abscess. *Clin Otolaryngol.* 2012;37(2):136-145. doi: 10.1111/j.1749-4486.2012.02452.x

