

Peritonsillar Abscess (Quinsy)

Management Guidelines
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A peritonsillar abscess (also called paratonsillar abscess) is a collection of pus in the space between the tonsil and the superior pharyngeal constrictor muscle.

It is often considered to be a complication of tonsillitis. However, it is now thought to be secondary to infection of a peritonsillar salivary gland (Weber gland) which is located between the tonsillar capsule and the muscle of the tonsillar fossa.

Presentation

Patients often present with:

- Severe sore throat
- Odynophagia (painful swallowing) with drooling
- Muffled voice ('Hot Potato Voice')
- Difficulty opening mouth (trismus)

Examination often reveals:

- Limited mouth opening (trismus), less than three finger width.
- Unilateral swollen enlarged tonsil with fluctuant swelling extending up to the soft palate (most characteristic)
- Deviation of the uvula away from the affected side.
- Enlarged tender cervical lymph node on the associated side
- The patient is usually febrile, and often 'toxic' looking.

Management

1. Patients require hospitalisation for rehydration, intravenous antibiotics, analgesia and, in most cases, surgical drainage of the abscess.
2. Antibiotics needs to cover *Streptococcus pyogenes* and anaerobes. A combination of intravenous penicillin and metronidazole is recommended. Clindamycin alone is an alternative (for those patients who are penicillin allergic)
3. As a rule of thumb, all peritonsillar abscesses should be drained. Generally, children less than 7-10 years of age will not tolerate oropharyngeal procedures under local anaesthetic very well. Needle aspiration or incision and drainage of the abscess under general anaesthesia is usually required. Patients who are septic and have airway obstruction may be considered for quinsy tonsillectomy. It is worth noting that in some very young children quinsy tends to resolve with IV antibiotics, hence medical treatment and observation for 24 hours may be worthwhile.

Complications

- Dehydration
- Sepsis
- Airway difficulty
- Parapharyngeal abscess

Summary

Quinsy is often diagnosed by a constellation of signs and symptoms (ie. fever, odynophagia, trismus, unilateral swollen tonsil and uvula deviation).

Management of quinsy involves rehydration, analgesia, IV antibiotics and drainage and possible acute tonsillectomy

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