

Acute Intratonsillar Abscess: A Rare Diagnosis in an Adult

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Introduction

An intratonsillar abscess (ITA) is an uncommon infection characterized by purulent buildup in tonsil parenchyma.¹ Its cause, with <200 documented cases, remains poorly understood but is thought to result from acute follicular tonsillitis or bacterial spread via blood or lymph.²⁻⁴ Given its rarity, there is no established diagnosis or treatment protocol for ITA.

Objective

Here we present a rare case of acute ITA in an adult, discuss the patient's clinical evaluation and treatment plan, summarize the ITA literature.

Case Report

PATIENT HISTORY

- 32-year-old female presented to Urgent Care with 1-week worsening throat pain, dysphagia, trismus, voice changes, and fevers
- She was diagnosed with PTA, referred to the Emergency Department, and admitted to the hospital

Case Report

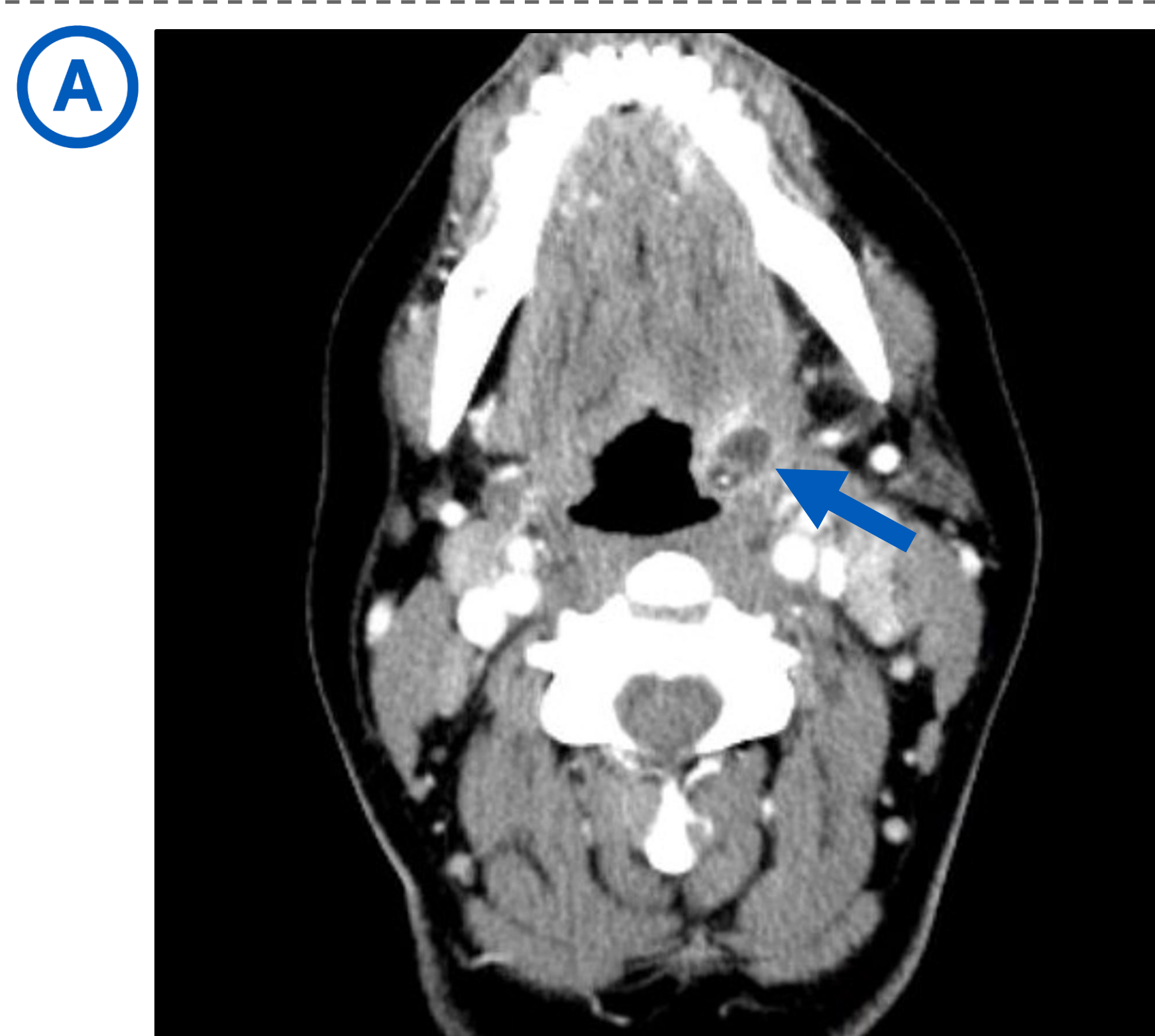
CLINICAL EXAM & DIAGNOSIS

- ENT exam: mild cervical adenopathy, midline uvula, tonsillar asymmetry, Brodsky scale: 2+ right 3+ left tonsil, left tonsil actively draining purulent fluid.
- Lab tests: CBC and CMP were within normal limits
- Neck CT with contrast: 1.5 x 1.1 x 1.1 cm left palatine ITA, central hypodensity, rim enhancement, single septation, 2 mm calcification (Figure 1)

Case Report

TREATMENT & FOLLOW-UP

- Needle aspiration failed, so a curved hemostat was used to probe the tonsil, resulting in purulent drainage, pressure relief, and improved voice



Case Report

TREATMENT & FOLLOW-UP

- Administered IV clindamycin (900 mg) and IV dexamethasone (10 mg), followed by oral clindamycin and dexamethasone upon discharge
- 1-week follow-up: symptoms resolved

ITA Literature Review

- 171 total ITA cases from 1991–2023
- 40 (23%) ITA cases mentioned both patient age and treatment (Table 1)

TABLE 1. Summary of 40 published ITA cases that reported both patient age and treatment.

	Patient Age		Total
	Children: ≤ 18 yo	Adults: > 18 yo	
Patients, N (%)	19 (47.5)	21 (52.5)	40 (100.0)
Treatment methods, N (%)	-	-	-
IV antibiotics	7 (36.8)	0 (0.0)	7 (17.5)
Needle aspiration	1 (5.3)	4 (19.0)	5 (12.5)
I&D	1 (5.3)	2 (9.5)	3 (7.5)
Tonsillectomy	2 (10.5)	7 (33.3)	9 (22.5)
IV antibiotics + 1 other method	7 (36.8)	5 (23.8)	12 (30.0)
Other combination of 2-3 methods	1 (5.3)	3 (14.3)	4 (10.0)

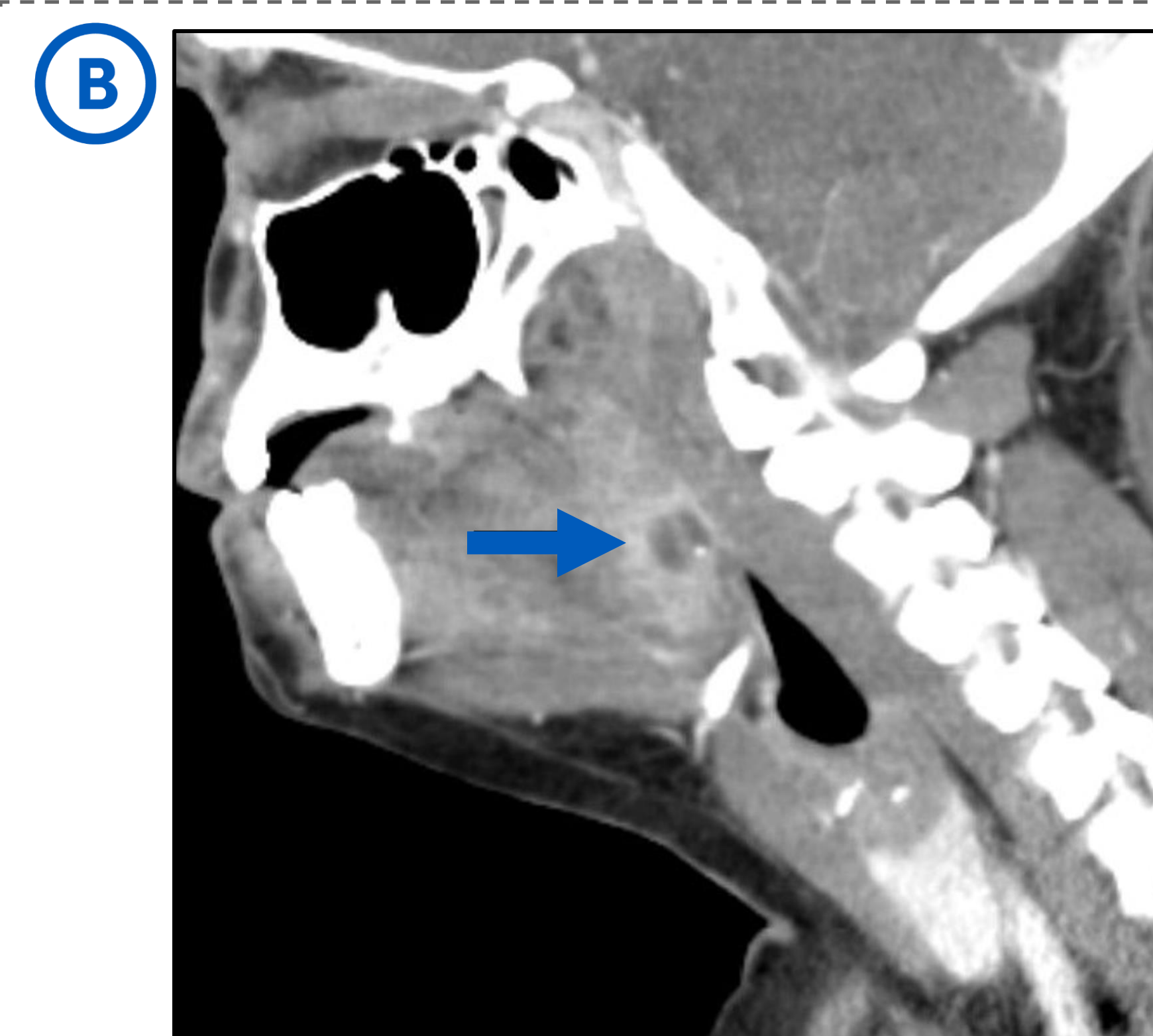


FIGURE 1. Neck CTs with contrast show isolated left ITA with left palatine tonsil enlargement, central hypodensity, and rim enhancement (blue arrows) (A) Axial (B) Sagittal

Discussion

- No standardized ITA treatment protocol currently exists
- A review of 171 ITA cases shows diverse treatments, with antibiotics and needle aspiration most common
- Literature review and patient case support a staged ITA treatment approach:
 1. IV antibiotics
 2. Needle aspiration and IV antibiotics
 3. I&D
 4. Tonsillectomy

Conclusion

This case report highlights the use of CT imaging, IV antibiotics, and incision with drainage in diagnosing and managing acute ITA in an adult patient.

References

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