

Photoclinic

Figure 1. Tender Palpable Mass Along the Anterior Margin of the Left Sternocleidomastoid Muscle.

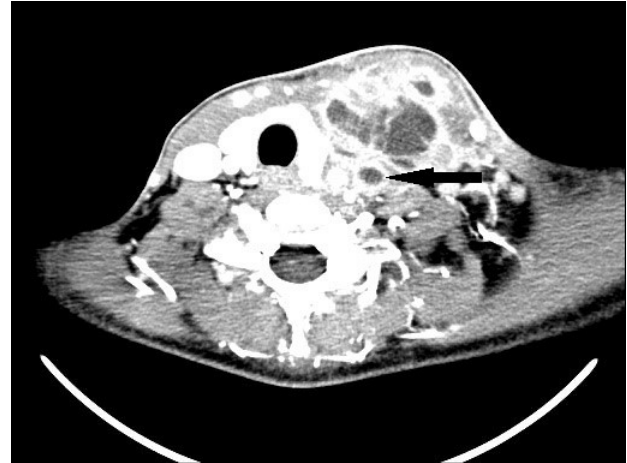


Figure 2. Cervical Computed Tomography with Intravenous Contrast. Left jugular vein thrombosis.

A 14-year-old girl presented to the emergency department with unilateral neck swelling, odynophagia, and dysphagia since last week. Her past medical history was significant for otitis media three weeks prior for which she had been treated successfully with amoxicillin. On physical examination, she had no distress with low grade fever. The tympanic membrane and pharynx were normal but on neck examination, there was a tender palpable mass along the anterior margin of the left sternocleidomastoid (SCM) muscle without erythema and without bruit on auscultation (Figure 1). Intravenous antibiotic therapy was started and computed

tomography (CT) imaging of the neck with IV contrast was obtained. Neck Computed Tomography was taken.

The neck CT scan showed a multiloculated collection along the SCM muscle with pressure on the left jugular vein. Tracheal and thyroid shift to right due to the collection was remarkable. Left jugular vein thrombosis was also noted (Figure 2).

According to findings on imaging, the diagnosis of Lemierre's Syndrome was made. Lemierre's syndrome or post-angina septicemia is a parapharyngeal abscess with involvement of the internal jugular vein (septic thrombosis). The most common cause of this disease

**What is your diagnosis?
See the next page for your diagnosis.**

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■ Photoclinic Diagnosis

Lemierre's syndrome

is *Fusobacterium*. Antibiotics in conjunction with surgical drainage is the recommended treatment. Piperacillin-tazobactam, imipenem, ceftriaxone plus metronidazole and clindamycin are antibiotics of choice.¹ Anticoagulation is a controversial issue and some articles recommend it in patients who do not respond despite 48–72 hours of antimicrobial therapy, progression of thrombosis or retrograde cavernous sinus thrombosis.^{2,3} Although Lemierre's syndrome is rare, it needs to be diagnosed early due to fatal complications. Some complications may include septic embolization, arthritis, meningitis, osteomyelitis and mediastinitis.⁴

The patient underwent surgery and collection with necrotic tissue being excised. The patient was discharged home with oral antibiotics (amoxicillin/clavulanate) after two weeks of intravenous antibiotic therapy. She made good recovery after surgery and antimicrobial therapy with no complication on her follow-up visit to clinic.

Authors' Contribution

HM: Involved in drafting the manuscript; AA: Involved in reviewing

the manuscript and drafting; FF: Involved in patient management and drafting the manuscript. YD: Involved in providing critical comment.

Conflict of Interest Disclosures

The authors have no conflicts of interest.

Ethical Statement

Informed consent was obtained from the patient.

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None.

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