Answer: Peritonsillar abscess/Quinsy

Peritonsillar abscess or quinsy is a collection of pus in the potential space between the fibrous capsule of the palatine tonsil and superior constrictor muscle of the pharynx, usually at its superior pole. Over 50% of the patients will have a previous history of tonsillitis. In our case, the patient had unilateral peritonsillar abscess a year earlier which required incision and drainage. Although beta-haemolytic *Streptococcus* is frequently isolated, mixed aerobic and anaerobic pathogens are also seen. ¹

When the abscess develops, symptoms of initial acute infection intensify with marked malaise. The patient may have severe odynophagia resulting in dehydration. ² There may also be significant trismus. ² The presence of bilateral, symmetrically inflamed tonsillar and peritonsillar swelling with midline uvula, should lead to the diagnosis of bilateral peritonsillar abscess. ³

Reported complications include upper airway obstruction due to laryngopharyngeal oedema, extension of infection into the parapharyngeal space leading to jugular vein thrombosis (Lemeirre syndrome) and carotid artery haemorrhage. ¹

For peritonsillar abscess, needle aspiration can be diagnostic and therapeutic. Even with the aspiration of a significant quantity of purulent fluid, a definitive drainage procedure is required. ² Care should be taken to avoid injury to the closely positioned carotid artery. Tonsillectomy should be considered after complete resolution of the infection.

In pregnant patients such as ours, it is particularly important to provide prompt abscess drainage after careful evaluation and diagnosis as both the patient and the foetus are at risk. In our patient, incision and drainage of bilateral peritonsillar abscess was done under short general anaesthesia without any complications. She recovered well and was discharged on the second postoperative day. She is scheduled for tonsillectomy at a later stage.

REFERENCES