

AN UNSEEN THREAT BEHIND THE THROAT: RETROPHARYNGEAL ABSCESS WITH MEDIASTINAL EXTENSION IN AN ADULT

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INTRODUCTION

Retropharyngeal abscess (RPA) is a rare but serious infection, typically seen in children. In adults, RPAs are less common but often present with severe complications due to delayed diagnosis. This case highlights an atypical presentation of RPA in a 34-year-old male, emphasising the importance of prompt recognition and intervention to prevent life-threatening outcomes.

CASE DESCRIPTION

A 34-year-old healthy male presented with progressive neck swelling, fever, and epigastric discomfort over several days. Initially, he attributed his condition to a mild infection, but his condition deteriorated with increasing hoarseness and dysphagia. Examination revealed a swollen, tender neck, muffled voice, and epigastric tenderness. There was no history of trauma or recent dental procedures. Laboratory findings showed marked leucocytosis, consistent with systemic infection.

Imaging: Neck X-ray suggested airway narrowing. A contrast-enhanced CT scan confirmed a large RPA extending into the mediastinum with right vocal cord palsy, likely from recurrent laryngeal nerve involvement. He was started on intravenous Augmentin and Dexamethasone and transferred to a tertiary centre for urgent surgical drainage. Postoperatively, his symptoms resolved, and he recovered uneventfully.

DISCUSSION

Retropharyngeal abscess (RPA) in adults can present atypically. In this case, epigastric discomfort was due to mediastinal spread, possibly causing oesophageal irritation or vagus nerve involvement, which may mislead the diagnosis. Due to their deep location, RPAs are challenging to assess clinically. Early imaging, especially contrast-enhanced CT, is essential to confirm the diagnosis and detect complications such as mediastinitis or vascular involvement. Timely treatment with antibiotics and surgical drainage is crucial to prevent serious outcomes like airway obstruction or sepsis. This case highlights the need for early suspicion and a multidisciplinary approach when adults present with neck swelling and signs of systemic infection.

CONCLUSION

RPA in adults can present with unusual symptoms, delaying diagnosis. Clinicians should be alert to gastrointestinal complaints in conjunction with neck symptoms. Early recognition and intervention are crucial in preventing life-threatening complications.

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