A Rare Recurrent Neck Abscess

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ABSTRACT
A rare case of dental root abscess, presenting as a recurrent abscess in the neck, is presented. Recurrent neck abscesses can arise from inflammatory causes like tuberculosis, actinomycosis, sialoadenitis, osteomyelitis, dental infections and salivary gland infections; congenital anomalies like brachial fistula, brachial sinus and pyriform sinus fistula; complication of neck surgeries and neoplasm in the neck. The patient was treated repeatedly with surgery in a secondary referral center hospital in a district for the last four years. There was no dental symptom and so the dental infection as a cause of the recurrent abscess was missed in the previous treatments. The presence of the lesion in the submandibular triangle, late onset of the disease, purulent discharge and presence of carious tooth led to the suspicion of dental cause. Orthopantogram is essential for correct diagnosis. Curetting the tract and treatment for the dental infections usually are sufficient to treat the condition.

Keywords: Recurrent neck abscess, Dental root abscess, Recurrent discharging sinus, Cervical sinus, Orocutaneous fistula

INTRODUCTION
Recurrent abscess in the neck arise from many causes. They can arise from inflammatory causes like tuberculosis, actinomycosis, sialoadenitis, osteomyelitis, dental infections and salivary gland infections; congenital anomalies like brachial fistula, brachial sinus and pyriform sinus fistula; complication of neck surgeries and neoplasm in the neck.1,2 Dental root abscesses presenting as recurrent abscess in the neck is rare. A case is presented here where the dental infection was overlooked for three years with three unsuccessful attempts at removal of the disease by surgery performed in other hospitals

CASE REPORT
Examination: A 43 years old tribal Christian woman came with a discharging abscess in the left side of the neck in the submandibular area. The discharge was sero-purulent. She gave a history of about four years. She had no history of surgery or trauma before the first appearance of the abscess. There was no history of chronic cough, loss of appetite and loss of body weight. She had been undergoing treatment for the last four years intermittently.

At least once a year in the earlier three years, she was treated by surgeons in a district hospital repeatedly with incision and drainage in the first instance, then, with sinus excision in later two counts. A thorough examination of the abscess showed a swelling of 2 cm diameter with a discharging point in the center surrounded by granulation tissue.

Investigations: Pus was taken for culture and sensitivity test and granulation tissue taken by punch biopsy for histopathology. The report of pus culture showed no tuberculous bacilli and no common pathogens. Histopathology of granulation showed no specific giant cells and Tuberculous bacilli. An Orthopantogram was taken and dental root abscess was seen in the lower second molar tooth.

Management: Drainage of the pus was done under local anesthesia and the opening was widened with a curved artery forceps. A polythene probe was passed in the tract to see the extent of the sinus. The probe was felt in the inner side of the lower jaw just below the left lower second molar tooth in a blind end. The lower second molar tooth had caries. The tract was curetted and dressing was done. A course of antibiotics was given for seven days. The wound healed completely with slight puckering of skin in the centre. The case was referred to a dental surgeon and the lower second molar tooth was extracted. The patient was followed up for more than a year and the abscess did not recur.

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DISCUSSION

The occurrence of recurrent abscess in the neck may be due to many causes. It can arise from furuncle, occluded sweat gland duct, ingrown hair, suppurative lymphadenitis, tubercular lymphadenitis, fungal infections like actinomycosis, osteomyelitis, salivary gland fistulas, dental infections, salivary gland fistulas, preauricular sinuses, branchial clefts, branchial pouch remains like pyriform sinus fistulas, thyroglossal duct remains, thyroglossal cysts, bronchogenic cysts, ectopic thyroids, lymphoma and necrotic neoplasms. Persistent cutaneous fistulas are well known in literature but it is uncommon for the otolaryngologist to consider this as the primary source of an inflammatory fistula in the neck. Beck C. et al agrees to this fact. The dental infection as a cause of the recurrent abscess in the neck was overlooked in this reported case by the surgeons who treated the patient previously. A dental radiograph, like the Orthopantogram, was not taken in the early four years of treatment of the case. Beck et al and Wilson SW. et al agree that dental radiographs are essential for diagnosis. All different diagnoses are to be considered before jumping to the diagnosis of dental cause as the origin of the lesion. Congenital lesions in the neck starts pretty early in life and the discharge are usually mixed with mucous. Maran is of the opinion that branchial sinuses or branchial pits open along a line between the tragus and the sternoclavicular joint at the anterior border of the sternomastoid. Salivary fistulas may give history of trauma or are associated with salivary duct calculus and the discharge may be copious during eating or even thought or smell of food. The presence of abscess in the middle of the submandibular triangle and the discharge being frankly purulent, onset of the disease in late thirties and presence of a carious tooth near the blind end of the sinus tract has led to the suspicion of dental infection as the cause of the lesion. Orthopantogram showed the dental root infection of the lower left second molar tooth. Radiographs are essential for the diagnosis of the lesion. The cure of the condition by curettage of the granulations and dental extraction proves the origin of the lesion. In these cases no further treatment other than curettage and control of dental infection is needed.

CONCLUSION

In conclusion it is uncommon for the otolaryngologist to consider dental cause as the cause of recurrent neck abscess. Dental cause is to be excluded in all cases and orthopantogram is essential for reaching a diagnosis.

REFERENCES