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Treatment outcomes and microbiology of peritonsillar abscess in a regional Queensland hospital

Aims: Peritonsillar abscess is a common and well described complication of acute tonsillitis with potentially life-threatening complications if not managed in a timely and adequate manner. Global epidemiological studies have painted an emerging picture of increasing antimicrobial resistance patterns. The aim of this study was to characterize the epidemiology, management, outcomes and microbial flora and resistance patterns of peritonsillar collections at a large regional hospital in Queensland which services both rural and remote communities.

Methodology: Retrospective data was collected from patients diagnosed with peritonsillar abscess at Toowoomba Hospital Queensland from January 2013 to September 2017. Patient demographics, pre-hospital disease course, management, complications and abscess aspirate cultures and sensitivities were collected.

Results: 90 patients were diagnosed and treated for peritonsillar abscess via simple drainage during this period. The average patient age was 28.5 years with a male to female predominance of 1.4:1. The average length of odynophagia prior to presentation was 5.7 days. Culture results were obtained from 82% of patients with the most common organisms being streptococcal species in 43% of aspirates followed by mixed anaerobic bacteria (16%). Of the 90% of streptococcal isolates for which sensitivities were available, all 100% were penicillin sensitive. 8% (N=7) of patients required repeat needle drainage during admission and 4 (4.4%) proceeded to quinsy tonsillectomy. There were no surgical complications documented. One patient in the series presented with acute airway emergency requiring cricothyroidotomy and temporary tracheostomy.

Conclusion: This study confirms effective management of peritonsillar collection can be achieved via simple drainage with penicillin as a first line antimicrobial agent. The bacteriology and resistance patterns in this series are consistent with previous studies involving international centres.

Biography

Christopher Jackson is a Principal House Officer of ENT at the Toowoomba Hospital in Queensland where he has been based for two years.

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