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Lemierre's syndrome following perianal abscess: A case report



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ABSTRACT

INTRODUCTION: Lemierre's syndrome (LS) is a rare and life-threatening condition characterized by suppurative thrombophlebitis of the internal jugular vein (IJV), and a history of head and neck (H&N) sepsis. LS is usually caused by Fusobacterium necrophorum, which is part of the normal flora in the oro-pharynx, and the digestive and urogenital tracts. We here report the first case of LS following perianal sepsis. PRESENTATION OF CASE: A 60-year-old man with a painful left neck swelling, dysphagia and worsening sepsis was referred from a peripheral unit where he had an incision and drainage of a perianal abscess a week earlier. Urgent Doppler ultrasound and computed tomographic scans demonstrated suppurative thrombophlebitis of the left IJV, and the patient was subsequently commenced on intravenous Piperacillin/Tazobactam and heparin. The symptoms gradually improved, and the patient was eventually discharged on the 10th day.

DISCUSSION: Vigilant examination of the H&N region searching for a primary source is paramount, but LS following infections in the gastrointestinal or uro-genital tracts has also been described. A high index of suspicion is required for diagnosis, especially in patients with unresolving pharyngitis with a unilateral neck swelling, and septicaemia. Early resuscitation and treatment with broad-spectrum parenteral antimicrobials are important for favourable outcome.

CONCLUSION: LS is well known to specialists in the H&N region, but other disciplines like general surgery, urology, or obstetrics and gynaecology might also rarely encounter the disease. We present a case of LS complicating a perianal abscess that was successfully treated with good outcome.

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1. Introduction

Lemierre's syndrome (LS) is a life-threatening condition characterized by suppurative thrombophlebitis of the internal jugular vein (IJV), and a history of head and neck sepsis [1]. LS is exceptionally rare with a reported incidence of less than one in million, and is often missed earning the reputation of 'The forgotten disease' [2–4]. The condition was named after the French bacteriologist Andre Lemierre, who in 1936 described a series of post-anginal septicaemia cases and confirmed the relationship with Bacillus funduliformis (Fusobacterium necrophorum) [1]. F. necrophorum, is a gram negative, anaerobic bacillus which is part of the normal flora of the oropharynx, gastrointestinal tract, and the female urogenital tract [5]. Infections from the head and neck region are the most commonly reported causes for LS, but other cases have been reported following urogenital and gastrointestinal tract infections

[1,3,5]. Based on the Surgical Case Report Guidelines (SCARE) [6], we here report the case of a 60-year-old male presenting with LS following a perianal abscess surgery. To the best of our knowledge, no similar cases have been previously reported.

2. Case report

A 60-year-old man with a painful unilateral neck swelling, progressive dysphagia and worsening sepsis was referred to our tertiary referral centre from a peripheral unit. The patient had undergone an incision and drainage of an uncomplicated perianal abscess at the referring hospital a week earlier. He did not have any recent sore throat or other co-morbidities, and had no smoking history. On the fourth day after the surgery, the patient started complaining of painful neck swelling, dysphagia and worsening odynophagia. He was being treated with an oral course of amoxicillin/clavulanic acid (500/125 mg/8 h) and pain killers. At admission to our centre, the patient was septic with a temperature of 38.5 $^{\circ}$ and a heart rate of 115 beats/minute. The patient did not have any history of invasive procedures to his neck. Local

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Fig. 1. Picture of the patient's neck showing left-sided swelling without notable cellulitis changes in the overlying skin.

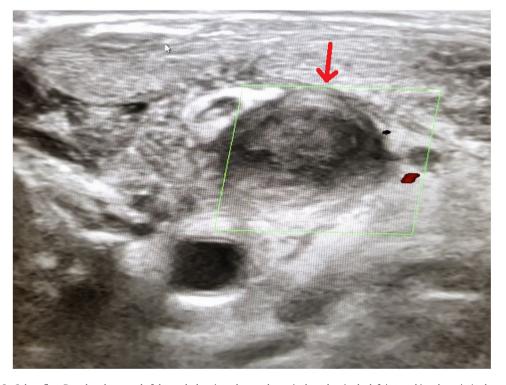


Fig. 2. Colour flow Doppler ultrasound of the neck showing a large echogenic thrombus in the left internal jugular vein (red arrow).

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