RETROPHARYNGEAL ABSCESS: REPORT OF THREE CASES.*

BY L. C. CLINE, M. D., INDIANAPOLIS, IND.

The subject of retropharyngeal abscess is one of more than ordinary interest to the laryngologist, for the reason that it may be, and is, overlooked by the general practitioner, on account of the rarity of the disease and the lack of expertness in examining the throats of infants in early childhood.

The specialist is usually called in at a time when the case has become serious and something must be done, it being a disease of fatal tendency, manifesting a variety of clinical aspects; involving as it does the adeno-lymp structures of the oro- and the laryngo-pharynx. As these structures mature early in infancy and childhood, it is then when they are most likely to become infected and break down, forming an abscess. These abscesses occasionally occur in adults, and in advanced age; such cases are usually traceable to traumatism, leucic or tubercular causes.

The lateral pharyngeal spaces are the seat of several clusters of lymph nodes which are intimately connected with the surrounding lymph vessels that are in direct communication with the nose, soft palate and pharynx. From the fact that these abscesses in children are nearly always associated with or follow as a sequela of some of the nasal or facial inflammations we are justified in assuming that they are of bacterial origin.

Quoting from Shurley's recent book, "Koplik has isolated four distinct species of the streptococcus which he says are the micro-organisms present in the pus of these abscesses." The following cases have come under my observation during the last three years:

Case 1. On March 14, 1900, the writer was asked by Dr. F. A. Morrison to see in consultation the daughter of Mr. and Mrs. W. She was the only child, age five and one-half years. The doctor informed me that the case had just come into his hands and the child had been treated by a homœopathic physician who had, after becoming alarmed at the symptoms, abandoned the case to allow some other doctor to sign the death certificate. Examination revealed an extremely emaciated condition, temperature 101°, neck was very

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much distended and swollen; greater on the left side. The child was cyanotic; would occasionally have attacks of dyspnoea and a peculiar croaking or barking cough; neck appeared stiff and head was inclined backward. The mother informed us that on three or four occasions during the child's illness she had suffered prolonged attacks of strangulation and coughing, at which times she would vomit large quantities of phlegm and purulent looking material, after which she had always appeared better for a few days.

Digital examination revealed a large swelling extending down into the laryngo-pharynx and up behind the palate pressing firm against the larynx and soft palate. Examination caused a fit of coughing and dyspnoea that was not encouraging. It was agreed that a free incision was in order, which I did by going well down and cutting up toward the median line; the head was lowered and a little counter pressure was made on the sides of the neck, which caused a large quantity of pus to escape. The child improved rapidly until the fourth day, when it began to get worse; on the fifth day Dr. Morrison was hastily summoned and found the child almost at the point of death from suffocation; not being able to obtain relief as before, he hastily did a tracheotomy and saved the child until further drainage could be effected.

After five days the tracheotomy tube was removed and the child made a slow but uneventful recovery. The parents of the child were in apparent good health with no luetic or tubercular history. The child had never had any severe illness further than slight attacks of tonsillitis and a mild case of what was supposed to be grippe just prior to the present illness.

Case 2. In March, 1902, I was called to our City Hospital to see a man, age 57 years. Found him sitting in a rocking-chair, head thrown well back; he had an annoying cough and dyspnoea that came on in paroxysms; had swallowed nothing but a little liquid food for several days. Neck was swollen and stiff; there were several large nodular swellings near the angle of the jaw and just above the clavicle; examination revealed a large swelling involving the entire posterior pharyngeal wall. The pressure against the larynx was causing great distress in breathing and a spasmodic cough.

There was no luetic history so far as obtained, but a decided tubercular tendency in the family record. A long and deep incision was made, cutting from below upward, following the median line. To my surprise there was but little discharge, the cut gaping wide open from which oozed some pus and broken-down connective tissue, a considerable amount of which was pressed out with the fingers. His

ability to breathe and swallow was much improved, but he gradually succumbed to the general infection, and suddenly died in the sitting posture two weeks later. The infection had doubtless found its way into the mediastinum. This case was evidently tubercular as revealed by the microscope and family history.

Case 3. On March 11, 1903, a boy two and one-half years old was brought to my office by its parents at the request of the family physicians, Dr. J. H. Justice of Greenfield, Ind., and Dr. F. A. Morrison of our city.

The child had never had any illness of consequence except a light case of measles at the age of six months. The present sickness began four weeks prior when the child was taken with what was supposed to be a cold or influenza from which it partially recovered, a croupy condition remaining, which was troublesome at night. During the last three days the parents noticed that there had developed paroxysms of a peculiar croaking cough and the neck appeared stiff and the head was inclined backward during the paroxysms. During the previous night it could not sleep except when it was held in a forward position.

Examination revealed a large swelling on the posterior wall of the pharynx, pushing the soft palate forward and pressing firm against the top of the larynx. Abscess was diagnosed at once; a free incision was made, beginning low down and to the left, cutting toward the median line. The head was immediately lowered and a large amount of pus and material simulating clabbered milk was pressed out with the finger. The child made a quick and uneventful recovery. The parents were both apparently vigorous and healthy.

Willoughby Building.