Quinsy in an infant with congenital bone marrow failure

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Introduction

Although quinsy is one of the commonest infections of the head and neck in adults and children, it is extremely rare in infants and potentially life-threatening.

Aim

Only 11 studies have reported a quinsy in infants under 12 months of age but none of those patients had an underlying diagnosis of congenital bone marrow failure.

Imaging

Ultrasound scan revealed lymphadenitis with no collections.

CT scan revealed a phlegmon.

Management

A self-draining quinsy was noted intraoperatively. The opening was enlarged and specimens were sent for microbiology and histology.

Antibiotic treatment included meropenem, vancomycin, clindamycin, gentamicin and ambisome.

Outcome

Following formal drainage in theatre, the child improved and was extubated 1 day later.

Important message!

Prompt surgical and medical management as well as a well-coordinated multidisciplinary team involving surgeons, paediatricians and haematologists are of paramount importance.

Quinsy in infancy is rare and must be diagnosed and managed immediately as a potentially life-threatening infection especially in the presence of bone marrow failure.

We report on the case of a 3 month old infant with a background of congenital bone marrow failure who presented with sepsis and desaturation requiring intubation and PICU care. She had a right sided level II neck swelling, swelling in the right soft palate/tonsil area and an oedematous epiglottis.

Assess in more detail the available studies reporting quinsy in infants under 12 months of age.