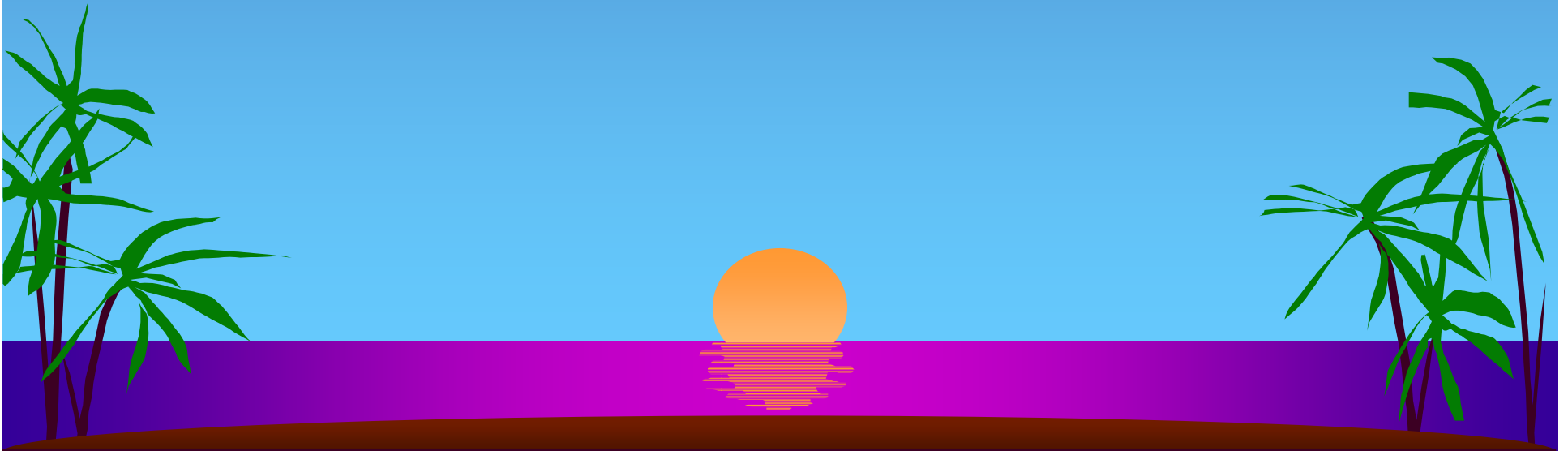


A tropical sunset scene with palm trees and a sun over the ocean. The background is a gradient of blue and purple, with a large orange sun setting over a purple ocean. The sun's reflection is visible on the water. There are several palm trees on the left and right sides of the image.

Deep Neck Space Abscesses and Life-Threatening Infections of the Head and Neck

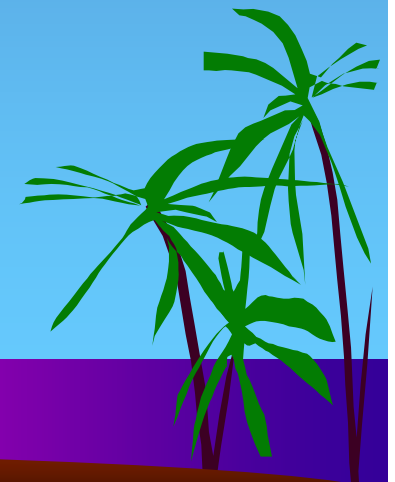
INTRODUCTION

- ◆ Life-threatening infections - rare
- ◆ Influence of antibiotics
- ◆ Lack of systemic signs and Sx
- ◆ Immunosuppression



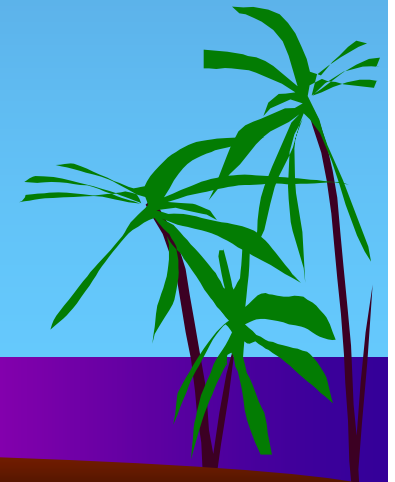
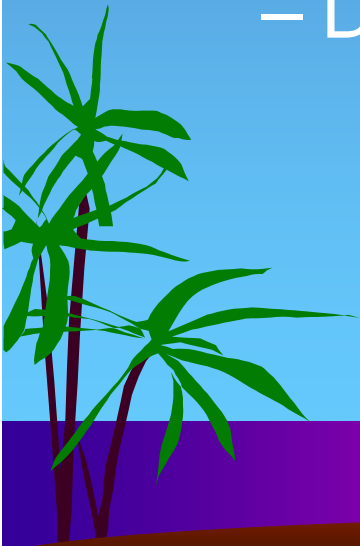
ANATOMIC CONSIDERATIONS

- ◆ Teeth, tonsils
- ◆ Polymicrobial infections
 - 10:1 anaerobes
- ◆ Pathways of spread
 - fascial planes
 - intracranial
 - periorbital



DEEP NECK SPACE INFECTIONS

- ◆ Usually odontogenic
 - young, healthy, delayed Tx
- ◆ Cervical Fascial Layers
 - Superficial fascia
 - Deep fascia
 - ◆ superficial (investing)
 - ◆ middle (visceral)
 - ◆ deep (prevertebral and alar layers)



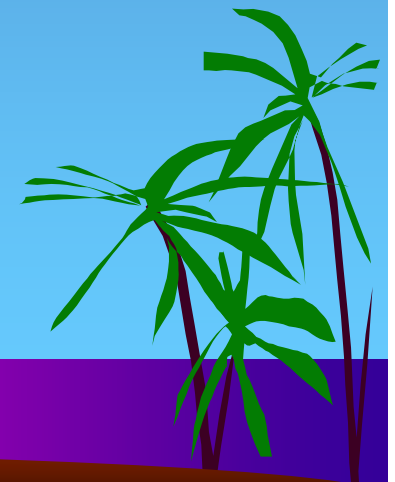
SUBMANDIBULAR SPACE

- ♦ 1836 - Wilhelm Von Ludwig
 - implies bilateral involvement
- ♦ boundaries
 - Hyoid to FOM
 - Ant/lat - mandible
 - Mylohyoid “sling”
 - bucopharyngeal gap



LUDWIG'S ANGINA

- ♦ dysphagia, drooling, muffled voice
- ♦ “woody” induration, no fluctuance
- ♦ Treatment
 - airway control
 - IV ABX
 - Surgical drainage



LATERAL PHARYNGEAL SPACE

- ◆ Inverted cone - hyoid to base of skull
- ◆ Pre-styloid compartment
 - fat, lymph nodes, muscle
- ◆ Post-styloid
 - carotid, IJ, CN IX - XII
- ◆ pain, fever, neck swelling, ?trismus



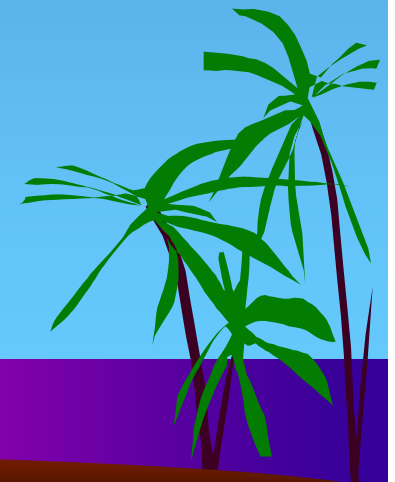
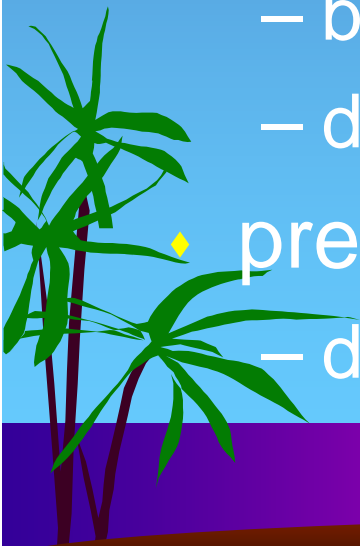
LATERAL PHARYNGEAL SPACE

- ◆ Ominous signs
 - Horner's, bleeding, CN palsies, mediastinitis
- ◆ Treatment
 - Surgical drainage
 - IV ABX
 - ◆ jugular vein thrombosis



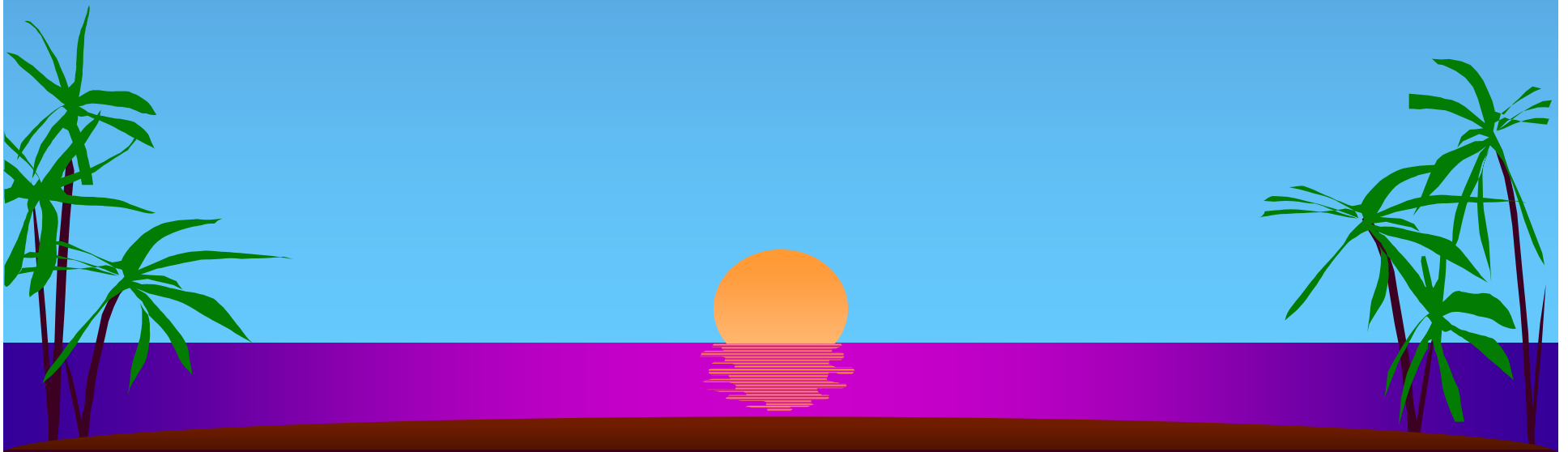
RETROPHARYNGEAL SPACE

- ♦ Retropharyngeal space
 - between alar layer and sup. constrictors
 - extends to sup mediastinum
- ♦ Danger space
 - between alar and prevertebral layers
 - diaphragm
- ♦ prevertebral space
 - down to coccyx



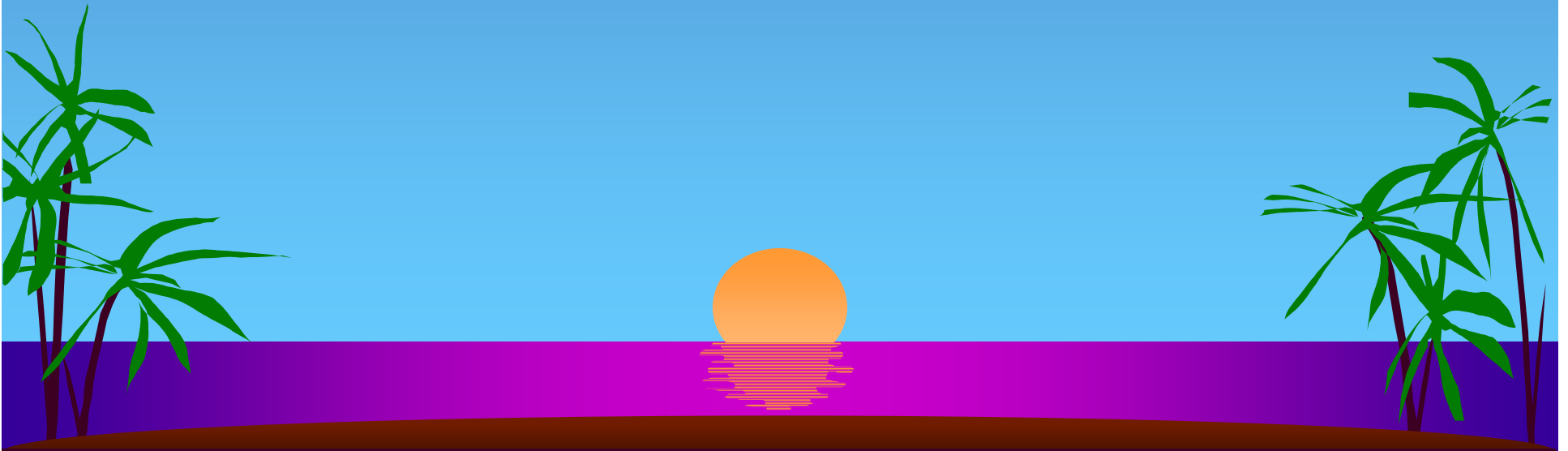
MASTICATOR SPACE

- ◆ Pterygoids, masseter, temporalis m.
- ◆ Comm w/ temporal space superiorly
- ◆ Trismus!
- ◆ CT can direct surgical approach



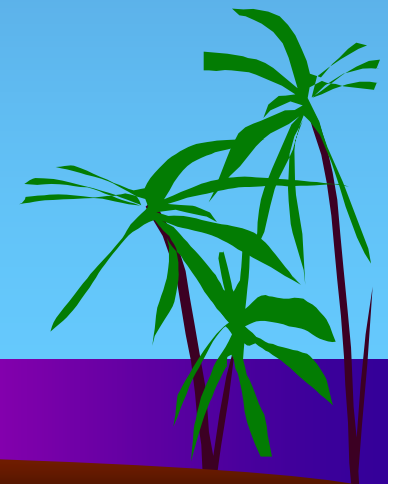
PERITONSILLAR ABSCESS

- ◆ Areolar tissue bound by sup. constrictors
- ◆ Rarely life-threatening but can spread
- ◆ Serial aspiration vs I and D



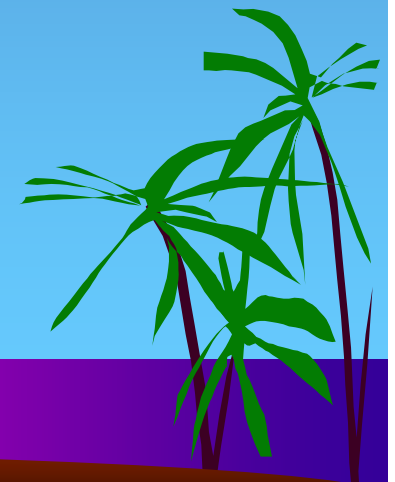
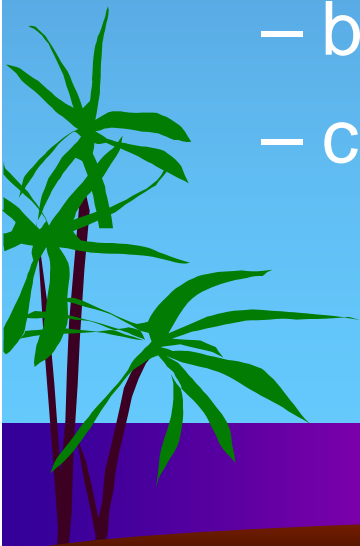
NECROTIZING FASCIITIS

- ◆ Synergistic, polymicrobial infection
- ◆ Sup layer of deep fascia
- ◆ Determining necrosis is Key
 - gas, crepitance, failure to respond to ABX
- ◆ Treatment
 - IV ABX
 - Radical surgical debridement



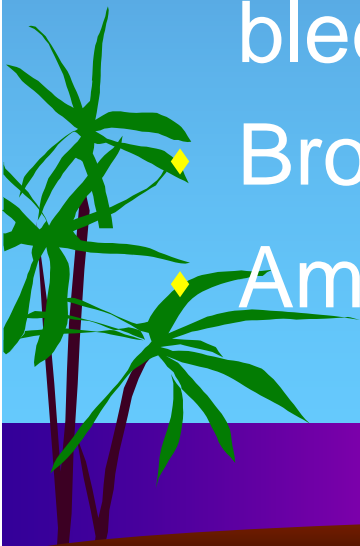
ACUTE EPIGLOTTITIS

- ◆ Now rare in children
- ◆ “Hot potato” voice, drooling, fever
- ◆ No FILMS - go to OR!
 - no fiberoptic exam
 - bronch, trach equipment ready
 - change to nasotracheal tube



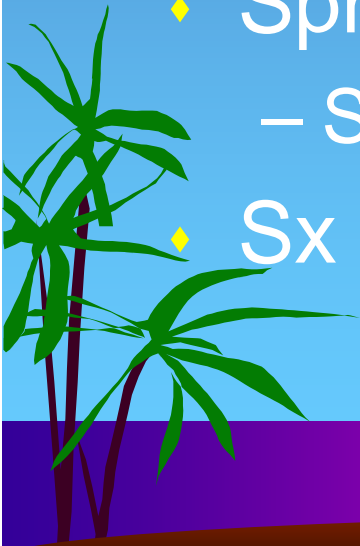
MUCORMYCOSIS

- ◆ Progressive, invasive fungal infection
- ◆ Severe DM or immunocompromised
- ◆ Black necrotic lesions of nose or palate
- ◆ Radical surgical debridement to bleeding
- ◆ Broad, nonseptate hyphae, right angles
- ◆ Amphotericin



COMPLICATIONS OF SINUSITIS

- ◆ Parameningeal, periorbital location
- ◆ Frontoethmoid sinuses
 - frontal lobe abscess, meningitis, subdural empyema
- ◆ Sphenoid sinuses
 - Sup orbital fissure, cavernous sinus
- ◆ Sx of increased intracranial pressure



OTOLOGIC COMPLICATIONS

- ◆ Involve middle or posterior fossa
- ◆ Epidural abscess>meningitis>brain abscess
- ◆ Warning signs
 - early - malodorous discharge, fever, HA
 - late - facial paralysis., vertigo
- ◆ Multiple complications are common

Malignant otitis externa

The slide features a decorative background with a blue-to-purple gradient sky, a purple horizon line, and a brown ground line. A central orange sun is partially obscured by the text 'Malignant otitis externa'. Several green palm trees are scattered across the scene, with some on the left and right sides.