Objective: To describe an unusual cause of dysphagia and to discuss treatment strategies for retropharyngeal abscesses.

Methods: MEDLINE review of English literature in addition to our case.

Results: Retropharyngeal abscesses are more common in children, but relatively rare in adults. Complications of RP abscess include mediastinitis, esophageal perforation, spondyloisitcitis, vascular erosions, and fistula formation. Fortunately, these appear to be rare (~1%). This case report describes an unusual presentation of dysphagia from an impacted ring in the esophagus resulting in a subclinical abscess. Early diagnosis, drainage, and IV antibiotics is necessary to limit the morbidity/mortality associated with RP abscesses.

Discussion

Retropharyngeal abscesses secondary to esophageal foreign bodies with subsequent perforations are mainly present in the pediatric literature. Several case reports have described similar occurrences in adults, usually with the ingestion of fish bones. Accidental, unrecognized ingestion of dental prostheses have also been a reported cause of esophageal perforation and RP abscess/mediastinitis. This case report appears to be the first of its kind describing an esophageal perforation in an adult caused by a piece of jewelry.

Kerschner et al performed a 10 year retrospective review of mediastinitis associated with foreign body erosion of the esophagus in their pediatric population. In this time period, 291 children were taken to surgery for removal of esophageal foreign bodies. Of these cases, only 3 developed mediastinitis from esophageal perforation. All of these patients had foreign bodies in the upper esophagus and responded to a conservative regimen of foreign body removal, IV antibiotics, and avoidance of oral feeding. None of patients in their study required drainage of the mediastinum. Early recognition and intervention of such im pactions can likely prevent more serious complications such as mediastinitis, spondyloisitcitis, vascular erosions, and fistula formations.

Several things could have been done in this particular case to expedite the diagnosis of foreign body with possible prevention of perforation and abscess formation. A plain radiograph of the neck at the time of initial assessment may have identified the ring immediately with subsequent removal. The patient is also very fortunate that the ring did not contain any ferromagnetic material, as this may have caused severe damage to his pharyngeal soft tissues, vascular structures, or spine/neural tissue during his MRI. It should also be noted that when patients are not forthcoming with details of their condition, treatment options might be compromised, if not inappropriate.

References