Surgical Drainage of Infratemporal Fossa Abscess

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DISCUSSION

Gas gangrene or gas-forming abscess in the infratemporal fossa is not common and case reports have been made and only minor hemorrhage occurred. In the transmaxillary approach, anterior and posterior walls of the maxillary sinus was removed, and then the abscess behind the gingivo-labial groove, anterior and posterior wall of the maxillary sinus was removed. In our cases, providing efficient drainage under direct visualization and appropriate antibiotics that cover anaerobes, as well as improving the immunologic status and general condition are necessary.

All patients experienced mild postoperative trismus, but there were no other sequelae or complications. The possible etiologies were considered to include infection arising from an intraoral abscess in 3 of 4 cases, and the clinical examination of the abscess demonstrated mixed bacterial culture, staphylococcus candidal in 1 case, and pyogenic staphylococcal in 2 cases, staphylococcal species in 1 case, enterococcus in 1 case.

CONCLUSIONS

Rare 4 cases of infratemporal fossa gas gangrene or gas-forming abscess are described. Our surgical procedure of infratemporal combination with a temporal approach and transmaxillary sinus approach were effective to eradicate gas-forming abscess in infratemporal fossa. In these cases, providing efficient drainage and also, improving the immunologic status and general condition are necessary.

REFERENCES