Infected Branchial Cleft Cyst Presenting as a Recurrent Peritonsillar Abscess

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ABSTRACT

INTRODUCTION

Peritonsillar abscess (PTA) is the most common deep infection of the head and neck in young adults despite the widespread use of antibiotics. The incidence of recurrent unilateral PTA is exceedingly rare. In any patient who presents with recurrent unilateral PTA, a broader differential diagnosis should be formulated and necessary imaging studies should be ordered to properly classify and treat these individuals.

CASE REPORT

A 40-year-old male presented to the Department of Otolaryngology – Head and Neck Surgery with a history of recurrent peritonsillar abscesses over the previous five years which had all been treated with antibiotics and drainage. Several of the patients final surgery was a second branchial cleft cyst was discovered and removed. The patient was subsequently taken to the Emergency Department with a history of recurrent peritonsillar abscesses which had all been treated with antibiotics and drainage. The patient was subsequently taken to the operating room for a definitive exploration of the parapharyngeal space. The cystic mass was revealed just superior to the glossopharyngeal nerve and the eustachian tube superiorly. Final gross and histologic pathology of the specimen showed the cyst to be a second branchial cleft cyst (Figure 4).

Case Report 2

Three weeks later the patient was taken to the operating room for a definitive exploration of the parapharyngeal space. The cystic mass was revealed just superior to the glossopharyngeal nerve and the eustachian tube superiorly. Final gross and histologic pathology of the specimen showed the cyst to be a second branchial cleft cyst (Figure 4).

For Figure 1: "PTA prior to its sixth drainage"

For Figure 2: "Second branchial cleft cyst resected at the patient's final surgery.

REFERENCES

13. Sanjay Athavale, MD Sanjay Athavale, MD 1; Sanjeet V, Rangarajan, MD 1; Frances Cate, MD 2; Alexander Langerman, MD 1; Kyle Mannion, MD 1

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CONCLUSIONS

The incidence of recurrent unilateral PTA is exceedingly rare. In any patient who presents with recurrent unilateral PTA, a broader differential diagnosis should be formulated and necessary imaging studies should be ordered to properly classify and treat these individuals.