Introduction: Otolaryngologists are routinely involved in the management of deep neck space infections in the pediatric population. While the gold standard for treatment of deep neck space abscesses has been I/D, recent reports indicate that IV antibiotics alone can lead to resolution of infection in the majority of cases. In this report we describe our experience with management of pediatric skull base abscesses located at the skull base.

Objectives: To describe the presentation and management of pediatric deep neck space infections located at the skull base.


Main Outcome Measure: Resolution of abscess.

Results: Over the study period 179 patients were admitted for management of deep neck space infections. Of these, 9 (6%) were localized to the skull base by CT scan. 6 of the 9 met radiographic criteria for an abscess, the remaining 3 were designated edema or phlegmon. Initial treatment consisted of IV antibiotics in all cases. 70% resolved with medical management alone. 3 patients failed to resolve following 48 hrs of IV antibiotics and were taken to the operating room for abscess drainage which was unsuccessful in all cases. Repeat CT after an additional 48 hours of medical therapy indicated persistent abscess in 2 of the 3 operative cases. Repeat drainage was unsuccessful in both. In all cases there was complete resolution of infection with antibiotics.

Conclusions: Skull base abscesses in children can be effectively managed in most cases by IV antibiotics alone. Surgical drainage is difficult and often unsuccessful and therefore poses unnecessary risk to the patient. Image guided abscess drainage, while not available to us, may also be an effective management strategy.