Regarding “Comparison of Medical Therapy Alone to Medical Therapy with Surgical Treatment of Peritonsillar Abscess”

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We read with great interest the elegant article “Comparison of Medical Therapy Alone to Medical Therapy with Surgical Treatment of Peritonsillar Abscess,” by Alex Battaglia et al. Peritonsillar abscess (PTA) modality of treatment is a very important issue that most ear, nose, and throat physicians frequently address in normal practice around the world. Moreover, when inadequate, treatment options may carry life-threatening complications.

Battaglia et al compared surgical treatment with medical treatment in patients with PTA and concluded that medical treatment appears to be equally safe and efficacious, with less pain, opioid use, and days off work. The authors diagnosed an abscess exclusively by the clinical presentation of the patient and not by imaging or needle aspiration. Scott et al reported that clinical impression alone is only 78% sensitive and 50% specific in differentiating PTA from peritonsillar cellulitis. Furthermore, Battaglia and colleagues refer to patients with PTA without trismus, but several authors, such as Kilty and Gaboury, pointed out trismus as a significant sign of PTA, with a prevalence of up to 60% peritonsillar cellulitis in a group of patients with peritonsillitis. For both reasons, we think that the important difference between cellulitis and abscess could not be adequately accessed.

We believe this work is valid for cellulitis or even small PTA without trismus, dyspnea, sialorrhea, uvula deviation, or muffled voice but cannot conclude on advising medical treatment for all PTA.

Another point of concern is that PTA can spread to adjacent tissues and give rise to potentially life-threatening complications such as upper airway obstruction, descending mediastinitis, pericarditis, Lemierre’s syndrome, carotid artery erosion, septic shock, and death. The ideal treatment therapy for a PTA would include minimal risk of potentially fatal complications. We believe that not draining a true abscess and not performing imaging on that subset of patients might potentially lead to an increase in mortality rates.

In our opinion, PTA management is still an area of interesting debate, and without a more certain PTA diagnosis standard, we couldn’t assume, in patients with a suggestive clinical picture, that only medical therapy is the best option.

João Fonseca Neves, MD
Department of Otolaryngology, Coimbra University Hospitals, Coimbra, Portugal
Isa Elói, MD
Department of Otolaryngology, Coimbra University Hospitals, Coimbra, Portugal
João Carlos Ribeiro, MD, PhD
Department of Otolaryngology, Coimbra University Hospitals, Coimbra, Portugal
Faculty of Medicine, University of Coimbra, Portugal

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References