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Peritonsillar abscess

Peritonsillar abscess (PTA) is a common infection of the head and neck region. Symptoms usually begin 3-5 days prior to evaluation. These include sore throat, difficulty swallowing, change in voice (often “hot potato” character), headache, fever, fatigue, neck pain, ear pain, and pain with swallowing. Physical examination may reveal a patient in distress. There is typically fever, dehydration, drooling, trouble swallowing saliva or oral secretions, cervical lymphadenitis, asymmetry of the tonsils, contralateral deviation of the uvula, trismus (difficulty opening the mouth), and erythema and exudates of the tonsil.

If peritonsillar abscess is suspected, needle aspiration is warranted. Needle aspiration is used for symptom relief and for diagnosis. 1% Lidocaine with epinephrine is used to anesthetize the area. A 16- to 18-gauge needle attached to a syringe is used to aspirate from the area that is most fluctuant. Since the superior pole is the most common place for the abscess to develop, that is usually the first place aspirated if the entire tonsil looks or feels boggy. Aspiration of the middle one third and then the lower one third may then be attempted if pus is not returned from the superior pole.

The patient will typically be treated as an outpatient, prescribed pain medications and antibiotics. Tonsillectomy can be considered at a later date due to the potential for recurrence of peritonsillar abscess.