Retropharyngeal abscess

Relations of the retropharyngeal space:

- Superior: Base of the skull
- Inferior: Superior mediastinum
- Lateral: Carotid sheath
- Anterior: Buccopharyngeal fascia
- Posterior: Alar fascia

Definition:
Abscess in retropharyngeal area is called as Retropharyngeal abscess. Most commonly seen in infants and young children. Early diagnosis is key, while a delay in diagnosis and treatment may lead to death.

Causes
- RPA is usually caused by a bacterial infection originating from the nasopharynx, tonsils, sinuses, adenoids or middle ear.
- Any Upper Respiratory Infection (URI) can be a cause.
- RPA can also result from a direct infection due to penetrating injury or a foreign body.
- RPA can also be linked to young children who do not have adequate dental care or brush their teeth properly.

Signs and symptoms
- Breathing difficulty
- Difficulty swallowing
- Drooling
- High fever
- High-pitched sound when inhaling (stridor)
- Muscles between the ribs pull in when breathing (intercostal retractions)
- Severe throat pain
- Difficulty turning the head
Neck stiffness
- Croupy cough
- Enlarged cervical lymph nodes
- Drooling and may adopt a characteristic posture with the neck flexed and the head extended.

**Diagnosis**

- X ray of the neck 80% of the time shows swelling of the retropharyngeal space. If the retropharyngeal space is more than half of the size of the C2 vertebra, it may indicate retropharyngeal abscess
- CT is the definitive diagnostic test

**Treatment**

- A tonsillectomy approach is typically used to access/drain the abscess, and the outcome is usually positive.
- Surgery in adults may be done without general anesthesia because there is a risk of abscess rupture during tracheal intubation.
- This could result in pus from the abscess aspirated into the lungs.
- In complex cases, an emergency tracheotomy may be required to prevent upper airway obstruction caused by edema in the neck.
- High-dose intravenous antibiotics
- Chronic retropharyngeal abscess is usually secondary to tuberculosis and the patient needs to be started on anti-tubercular therapy as soon as possible.