

**DEEP NECK INFECTIONS. ASSESSMENT IN 54 PEDIATRIC PATIENTS**

**J. Rodríguez-Cervilla**, M.J. de Castro, Á. Sánchez-Castro, F. Álvez, M. López-Rivas

*Pediatrics, Hospital Clínico Universitario - CHUS, Santiago de Compostela, Spain*

**Background and aims:** To review and assess the epidemiology, clinical presentation, diagnosis and management of deep neck infections (DNI).

**Methods:** During the last 14 years, 54 patients with DNI were seen in our Pediatric Dpt. Diagnosis was made on clinical and radiological grounds.

**Results:** Overall 54 patients were diagnosed with DNI. In 39 patients abscesses were peritonsillar, 10 patients had parapharyngeal and 5 retropharyngeal abscesses. Mean ages were 9.3 , 6.6 and 4.6 years old respectively. Thirty patients (55.6%) received antibiotic therapy prior their arrival at the hospital. The main clinical signs were: odynophagia (89%), pharynx asymmetry (80%), fever (71%) and dysphagia (69%). Uvular deviation, torticollis or trismus were observed in 1/3 of all patients. Neck computed tomography (CT) were done in 22 patients and in 20 of them (91%) abscesses were diagnosed. In 2/3 of the DNI cultures yielded positive results. *Streptococci sp* were isolated in 79% of cultures. All patients received intravenous antibiotics. 43 ( 80%) patients underwent surgery. Incision and needle aspiration in 16, drainage in 19 and 8 patients both techniques. 13 patients underwent tonsillectomy. Outcome was good in all without mortality. Recurrence occurred in 9 patients. Mean stay at the hospital was 5-8 days in peritonsillar, 12.9 days in parapharyngeal and 13.1 days in the retropharyngeal group.

**Conclusions:** There were an increased incidence of pediatric DNI in the last years. Neck CT scans are most useful in the diagnosis. Most patients underwent surgical treatment. Recurrence and tonsillectomy rates are similar to other studies.