A huge retropharyngeal air pocket in a 7-month-old infant

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A 7-month-old girl presented with poor dietary intake, a productive cough, rhinorrhea, and fever for over 2 weeks. She was admitted to a local hospital where she was examined for sepsis and received intravenous antibiotics. Over the following 3 days, her condition was stable and the fever subsided; however, on her 4th day in hospital, she developed dyspnea and acute supraglottitis was suspected. Anteroposterior chest radiography (Fig. 1A) and lateral neck radiography (Fig. 1B) did not demonstrate the thumb sign of epiglottitis; instead, a huge, 6.9 × 3.1-cm, retropharyngeal air pocket that threatened the upper airway was discovered. Emergency endotracheal intubation and echo-guided needle aspiration and drainage were performed and a corticosteroid was intravenously administered. Follow-up lateral neck radiography (Fig. 1C) and contrast-enhanced computed tomography (Fig. 1D) demonstrated that the air pocket had been relieved, but a huge, 4.0 × 4.0 × 2.5-cm, retropharyngeal, gas-forming abscess was discovered, which contained an air-fluid mixture. The patient was transferred to a medical center for further evaluation and management. Three days later, a pus culture of the retropharyngeal abscess that included soft tissue swelling and the loss of cervical lordosis. In a child < 15 years old, the presence of a retropharyngeal abscess, nonsurgical medical treatment has been recommended for select cases [4]. In our patient, endotracheal intubation and echo-guided needle aspiration and drainage were immediately performed in order to secure the airway. Surgery for this infant would have been a challenge, so she was transferred to
another medical center, leaving behind an interesting case history and some unusual radiographs.

References


Fig. 1. (A) Predrainage anteroposterior chest radiography. (B) Predrainage lateral neck radiography. (C) Postdrainage lateral neck radiography. (D) Postdrainage contrast-enhanced computed tomography.