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Medical Imagery

Lemierre's syndrome

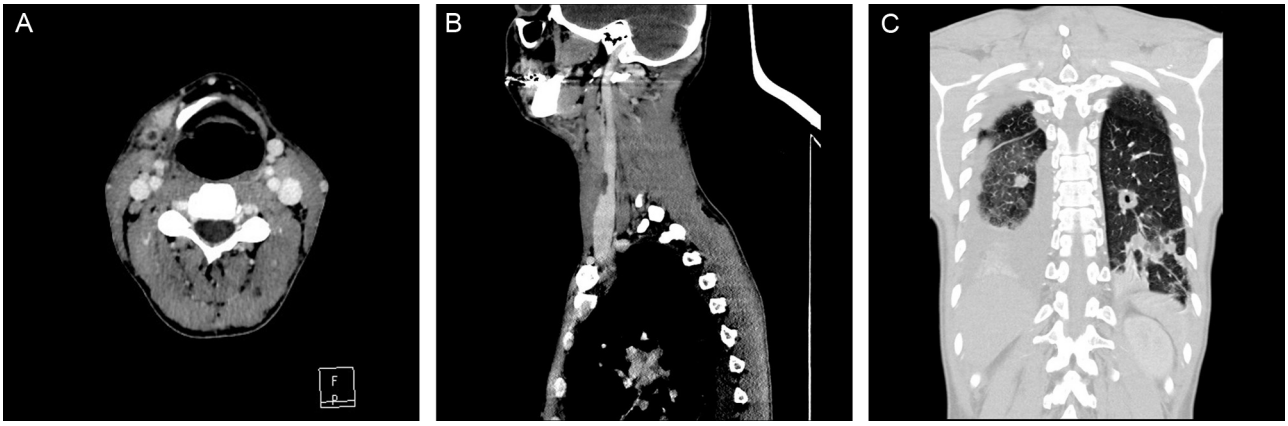

Figure 1. Right facial vein thrombosis with surrounding soft tissue stranding (A, axial view). Right internal jugular vein thrombosis (B, sagittal view). Right-sided pleural effusion, multiple bilateral pulmonary septic emboli (C, coronal view).

A 33-year-old previously healthy male presented with a 1-week history of severe sore throat and fever. He had been diagnosed with acute tonsillitis by his primary care physician and, although not allergic to beta-lactams, had been treated empirically with clarithromycin. On admission he was febrile and dyspneic, with bilateral exudative tonsillitis and symmetrical anterior cervical lymphadenopathy.

Computed tomography revealed a right facial vein thrombosis with soft tissue stranding (Figure 1A), right internal jugular vein thrombosis (Figure 1B), right-sided pleural effusion, bilateral pulmonary infiltrates, rounded areas of consolidation, and a cavitary lesion in the left lower lobe (Figure 1C). *Fusobacterium necrophorum* was isolated from blood culture. The patient was treated with beta-lactams, metronidazole, nadroparin, and empyema drainage. He recovered completely after 5 weeks.

Lemierre's syndrome is a rare complication of oropharyngeal infections and includes internal jugular vein thrombosis with septic emboli, occurring most frequently in the lungs. While *F. necrophorum* (i.e., the typical causative agent) is usually sensitive to beta-lactams, metronidazole, and clindamycin, it is commonly resistant to macrolides.[1] Recent data suggest that *F. necrophorum* could be an important bacterial cause of non-streptococcal group A tonsillitis and that appropriate antibiotic treatment might prevent some cases of Lemierre's syndrome.[2]

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References

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