

QUINSY (PERITONSILLAR ABSCESS)



*“Mademoiselle La La at the Cirque Fernando”, oil on canvas, 1879
Edgar Degas, National Gallery London.*

“At first sight, Degas’ pictures give the impression of snapshots....he is a master of creating compositions that do not look composed”

Max Liebermann, 1899

Winter, January 18, 1879; the Ninth Arrondissement.

Edgar Degas sits alone in the cold morning air under the great dome of the Cirque Fernando, every breath fogging the air around him. He looks to the view high above. It is a dizzying distance to the top. He shudders at the thought, how could she possibly do it! Reaching for a pastel, he begins to sketch, filling in details to the carefully measured grid on paper he had prepared the day before. This minute he works with pastel, the next with black chalk, then red, and then pencil, then pastel again. He then pauses and takes some coffee, sitting back in thoughtful contemplation.

Though Edgar always disliked the term “Impressionist”, he knows he will soon face one of his most “Impressionistic” challenges, but he will remain true to his favoured genre; the final result will be a meticulously constructed Realist work. Slowly the backdrop to a circus event he will record the next day emerges on the paper. All of Paris talks with excited anticipation. The incomparable Mademoiselle La La, the greatest trapezista of the age, is to perform her most death-defying act. Whilst Edgar is enamored, even adept, with the modern art of photography, he knows that despite the remarkable new technology’s ability to capture the static moment, it is no match for his own Art when it comes to capturing the fleeting dynamic instant in time. Once recorded in his mind, Edgar will take his metaphysical image back to his studio where he will work many long hours to superimpose it onto his mathematically exact geometric backdrop. He will rework it, and rework it, over and over and over and over; until he is finally satisfied, if indeed he ever will be. There will be nothing random, everything will be most carefully and minutely organized. “No work could be less spontaneous than mine”, he muses to himself with a knowing half-smile.

In metaphorical terms, his dynamic figures often seem to hang by a thread, in the case of Mademoiselle La La, this will be quite the literal truth. She is to be hoisted to the dome suspended by a thin rope secured only by the iron grip of her clenched teeth. Amidst the gasps of the audience far below, the ascent will be swift and spinning. It is the most spectacular and terrifying ascent to a circus cupola ever conceived. Edgar will record it for posterity.

And so the alarming symptom of trismus is not always necessarily ominous. Whilst in the circumstance of severe intraoral infection it may most certainly portend a potentially life-threatening airway condition, in the situation of the magnificent Mademoiselle La La it indicates a life-preserving, though tenuous, life-line!

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Large right-sided peritonsillar abscess, with displacement of the uvula, (Clinical photograph courtesy, Dr Peter Kas, Resus.com)

Introduction

A **quinsy** (or **peritonsillar abscess**) is a collection of pus arising outside the capsule of the tonsil resulting in the formation of an abscess.

Severe infection can result in airway compromise

Some infections may settle with IV antibiotics.

More severe infections will require surgical drainage in addition to IV antibiotics.

Epidemiology

Quinsy is usually seen in young adults.

It is rare in children.

Pathology

It usually arises as a complication of acute tonsillitis, progressing to a “peri-tonsillitis” or **tonsillar “cellulitis”**, followed by **peri-tonsillar abscess** formation.

Clinical features

Important points of history:

1. There is usually a history of acute tonsillitis which progresses to a much more severe illness.
2. The patient complains of a severely sore throat and will usually be able to localize the side of the quinsy.
3. Enquire about the patient's ability to take food and fluids.

Important points of examination:

1. Fever
2. Trismus is usually present.
3. Severe dysphagia often with drooling due to inability to swallow saliva.
4. The patient will often be unable to vocalize.
5. Referred otalgia may occur.
6. Foetor
7. Exudate may be extensive
8. Quinsy distorts the normal anatomy; the adjacent tonsil is pushed downward and medially and there is displacement of the uvula.
9. The uvula may be oedematous.

Investigations

Blood tests:

Consider:

1. FBE
2. CRP
3. U&Es/ glucose
3. Infectious mononucleosis screen ("Monospot")

CT scan:

This can be useful in cases where the patient is able to lie flat.

It can more precisely define the extent and nature of the infection.

Management

1. ABC:

- If there is significant airway obstruction, anaesthetics department and ENT surgeon should be contacted urgently.

2. Antibiotics:

- **IV penicillin (or clindamycin if penicillin allergic)**

And

- **IV metronidazole**

See latest antibiotic guidelines for full prescribing details.

3. IV fluids:

- These are usually necessary, as the patient is often unable to take oral fluids.

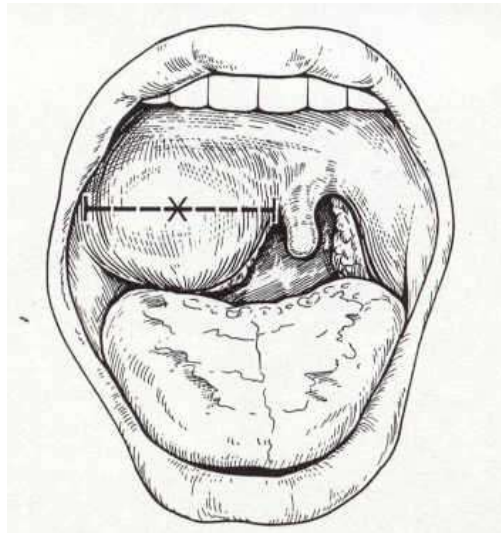
4. IV dexamethasone:

- Large tonsils or quinsy is often treated with IV dexamethasone in order to reduce inflammatory edema.

5. Drainage:

Some cases may settle with IV antibiotics, but more severe cases will require surgical drainage.

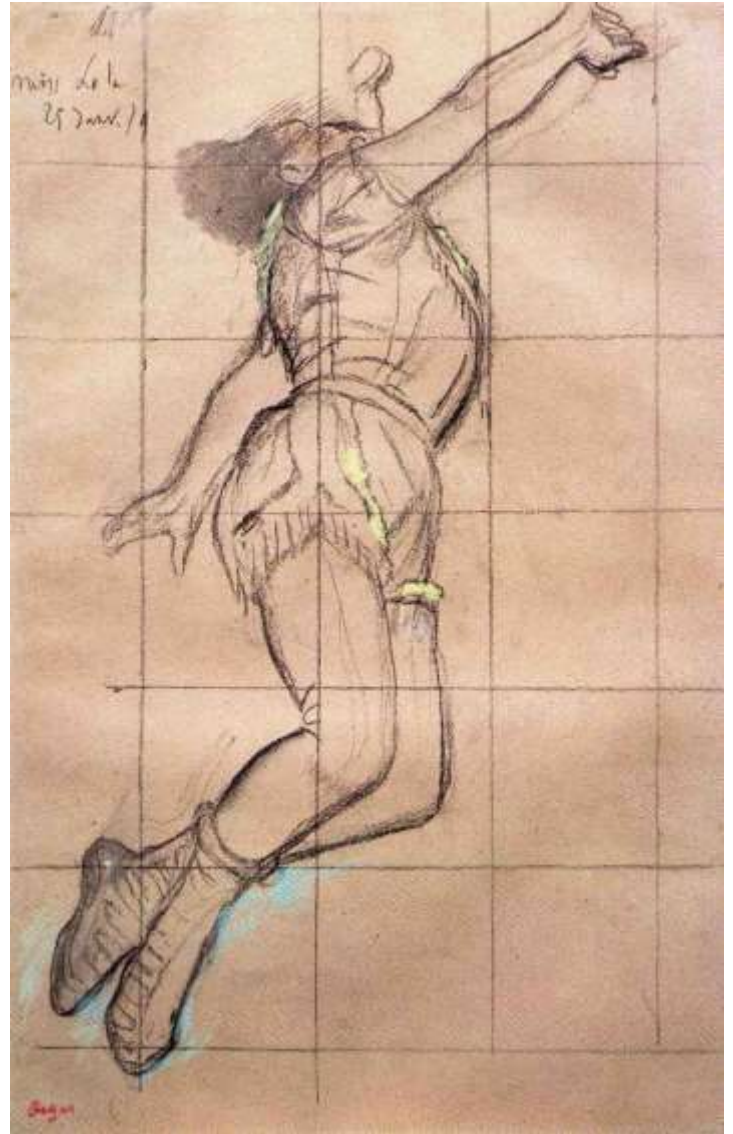
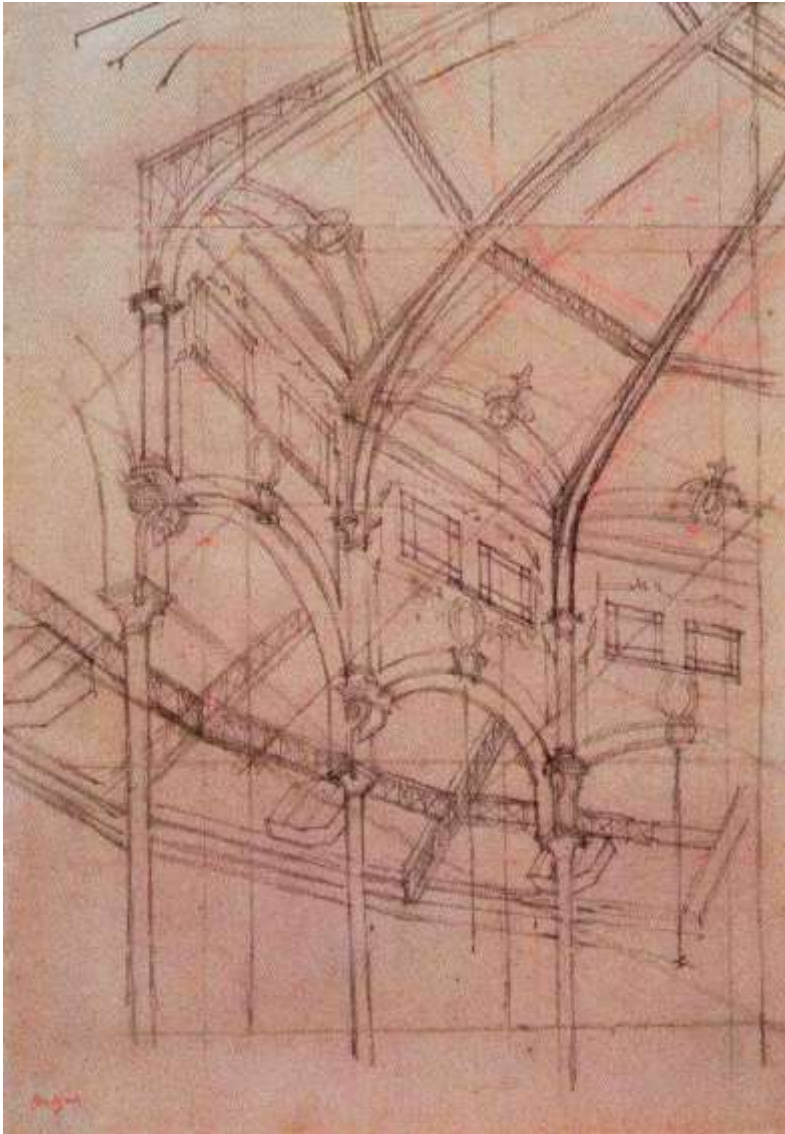
- If there is an obvious “point” then this may be done under local anaesthetic.
- Children and more severe cases will require drainage under G.A.



“X” marks the point of incision for drainage of the pus, i.e midway between the base of the uvula and the upper wisdom tooth.

Disposition

Patients will require admission under an **ENT unit**.



Left: Study for Mademoiselle La La at the Cirque Fernando; black chalk and pastel on paper, 1879, Edgar Degas, Barber Institute of Fine Arts, University of Birmingham.

Right: Study for Mademoiselle La La at the Cirque Fernando; black and red chalk and pencil on paper, 1879, Edgar Degas Barber Institute of Fine Arts, University of Birmingham.

References:

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 - Antibiotic Guidelines, 14th ed 2015.

Dr J. Hayes
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