

Effective management of a retropharyngeal abscess using endoscopic complete-layer resection and drainage

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ACCESS

Retropharyngeal abscess, a rare complication of foreign body ingestion that is usually associated with trauma to the retropharyngeal wall [1, 2], is also a life-threatening medical and surgical emergency, which usually requires incision and drainage [3]. Foreign bodies such as fish bones are the most common traumatic cause of retropharyngeal abscess [4]. We present a case to illustrate endoscopic complete-layer resection with drainage as a safe and effective method of treating retropharyngeal abscesses.

A 72-year-old man presented with fever and pain on swallowing for 2 days; the patient had swallowed a fish bone 20 days earlier. Computed tomography showed a retropharyngeal abscess (► **Fig. 1**). Gastroscopy revealed swollen left retropharyngeal tissue and a white pus point (► **Fig. 2a**). Advancing the gastroscope through the left pharyngeal and piriform fossa was difficult (► **Video 1**). A large volume of pus was drained following the

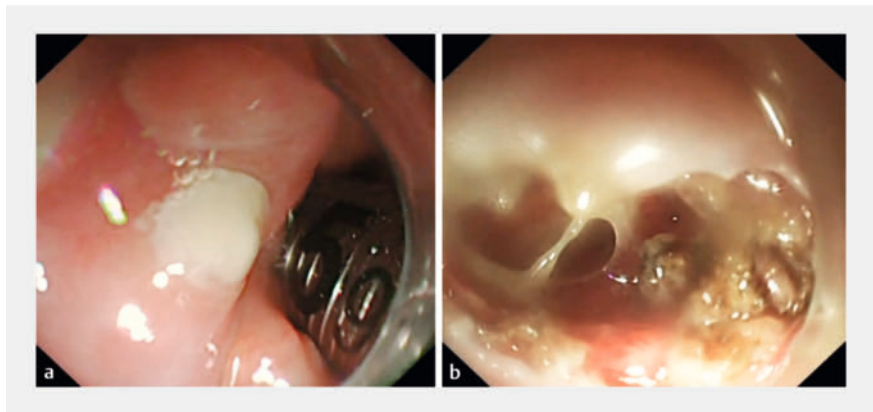
dissection of the pus point with a dual knife. Following the near-complete outflow of pus, an insulation-tipped knife was used to dissect the entire thickness of the swollen tissue, expose the abscess cavity, and ensure complete drainage. The abscess cavity contained minimal pus (► **Fig. 2b**). A nasogastric tube was placed into the stomach to provide enteral nutrition.



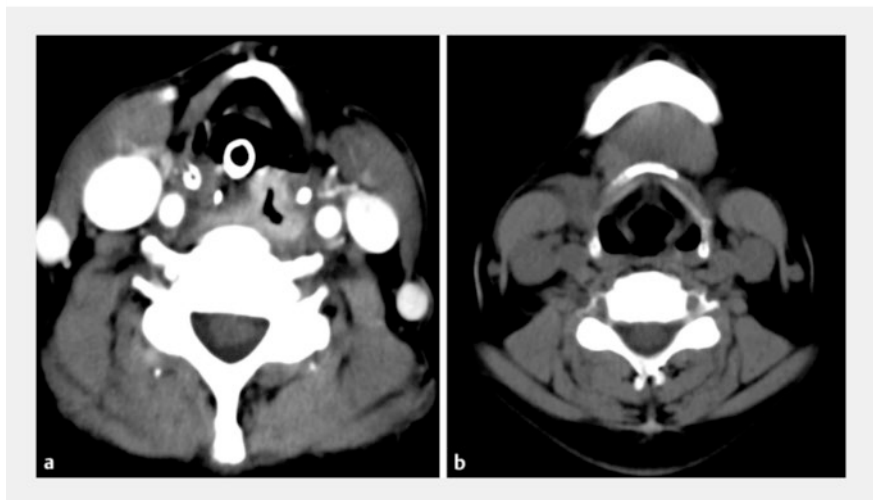
► **Fig. 1** Computed tomography image, showing left retropharyngeal abscess with suspected separated diaphragm.



► **Video 1** Effective management of a retropharyngeal abscess by endoscopic complete-layer resection and drainage.



► **Fig. 2** Endoscopic view. **a** Pus point on the retropharyngeal abscess. **b** Exposed abscess cavity after endoscopic complete-layer resection.



► **Fig. 3** Computed tomography. **a** Image 2 days after intervention, showing completely drained left retropharyngeal abscess. **b** Image 2 weeks after intervention, showing normal retropharyngeal tissue.

Computed tomography on postintervention Day 2 revealed an empty abscess cavity (► **Fig. 3 a**). Computed tomography 2 weeks after intervention revealed normal left retropharyngeal tissue (► **Fig. 3 b**).

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Conflict of Interest

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