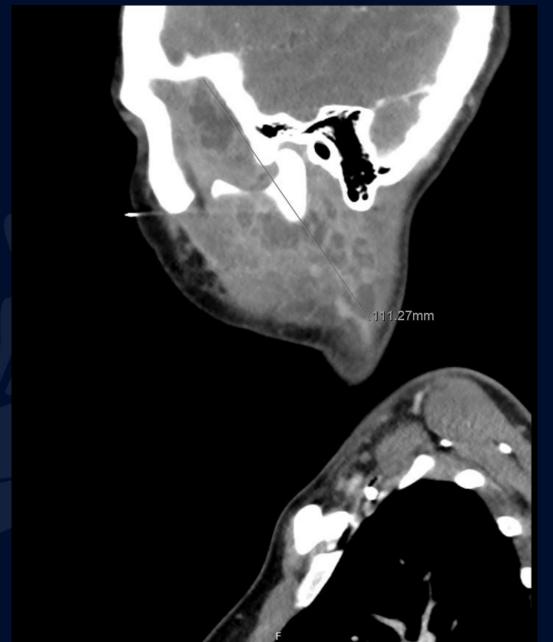
21-year-old female presents with 3 weeks of left-sided facial, ear pain and neck swelling

Dean Kim, MS3

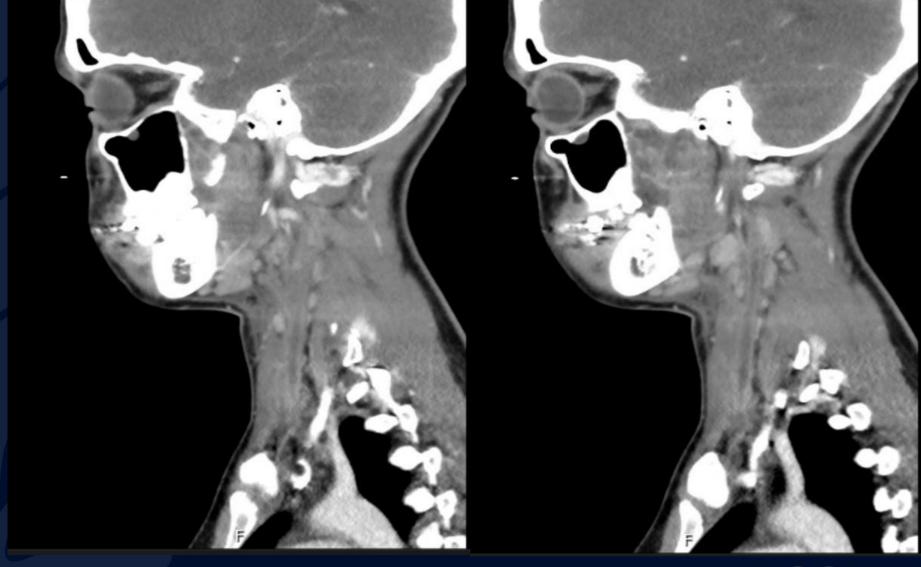






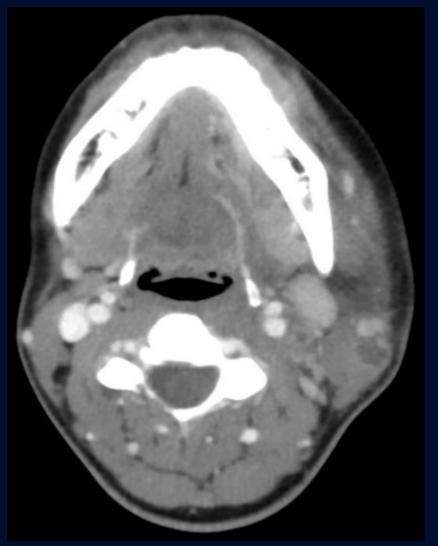












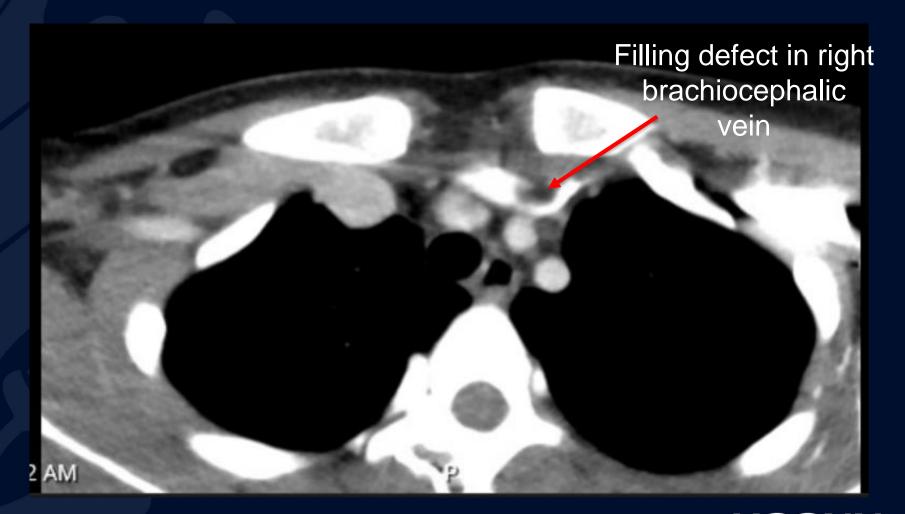






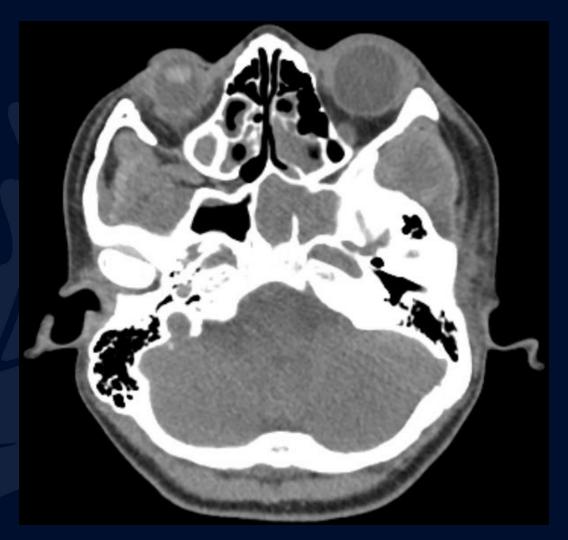








Non contrast CT Sinus (Axial)





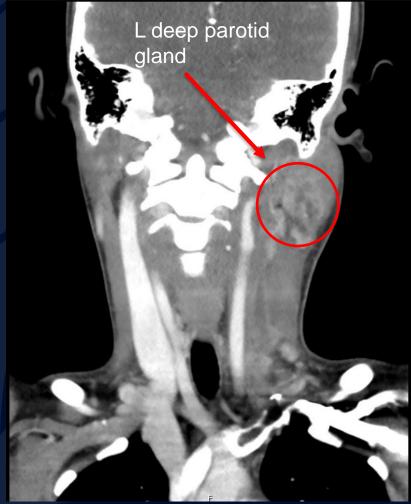




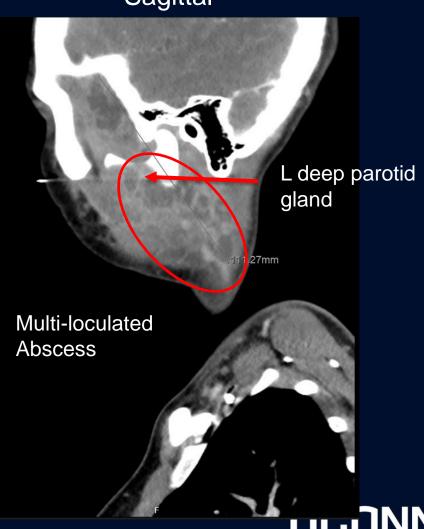
Lemierre Syndrome



Coronal Sagittal



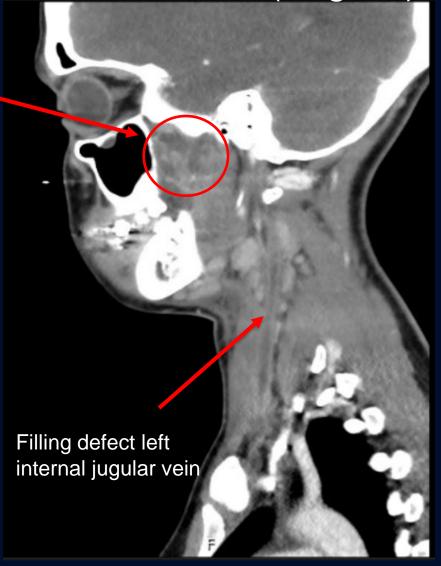
Multi-loculated Abscess involving left parotid space and sternocleidomastoid muscle

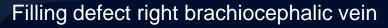


HEALTH

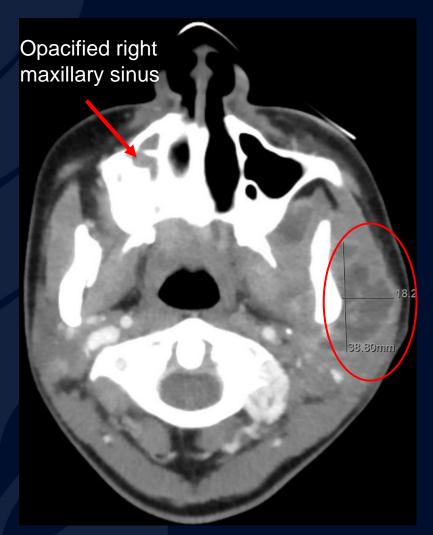
RADIOLOGY











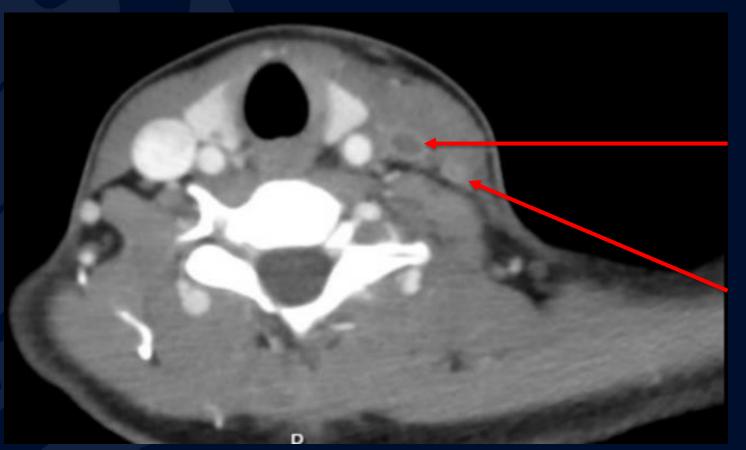
Multiloculated rim-enhancing fluid collection



Loculated Abscess

Absent L Internal Jugular Vein

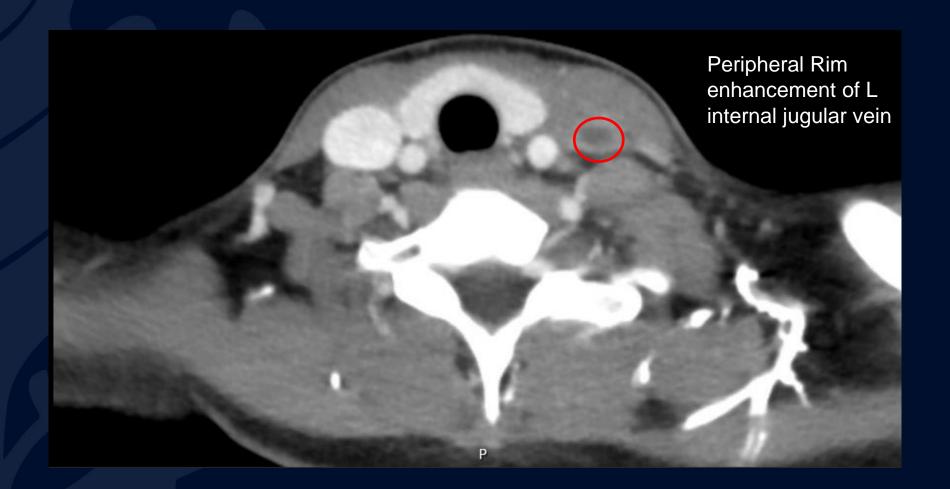




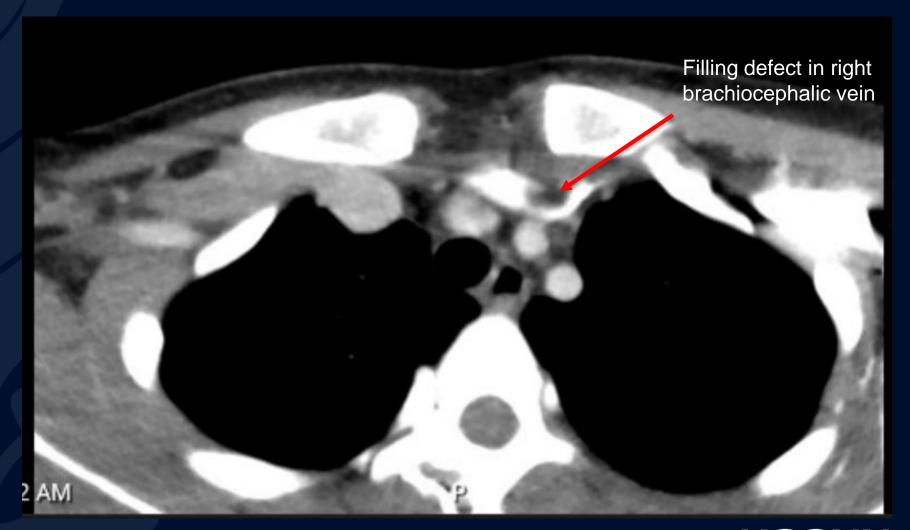
Low-density, peripheral rim enhancement of left internal jugular vein

Low-density, peripheral rim enhancement of left external jugular vein



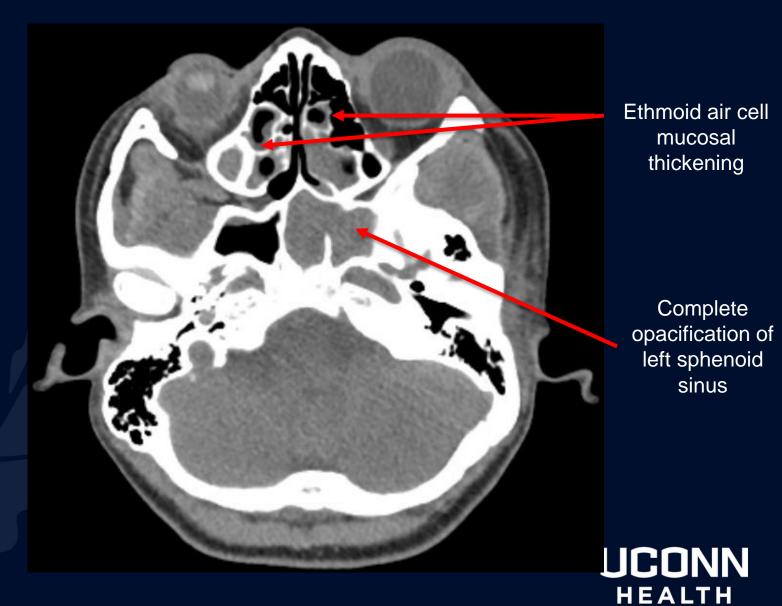








Non contrast CT Sinus (Axial)



RADIOLOGY

Lemierre Syndrome

- Lemierre Syndrome, otherwise known as septic thrombophlebitis of the internal jugular vein, is a rare disease (incidence 1/1000000) and is a rare complication of bacterial pharyngitis/tonsillitis
- Commonly caused by F. necrophorum
 - Gram-negative non-spore-forming obligate anaerobe
- Preferred Imaging for Diagnosis
 - CT scan with contrast of neck and chest
 - Classic finding of filling defect of IJV and complications such as abscesses and septic pulmonary emboli
 - MRI
 - Second-line study due to high cost and limited availability; can also demonstrate thrombus and emboli
- Treatment
 - Antibiotics (3–6-week course)
 - Anticoagulation (controversial efficacy)
 - Surgical drainage for parapharyngeal, cervical, or mediastinal abscesses
- Outcomes
 - Mortality rate of 6-22%



References

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