20-year-old female s/p mitral valve replacement presenting with 10-day history of fever, sore throat, and pleuritic chest pain

Nehal Navali, MS3

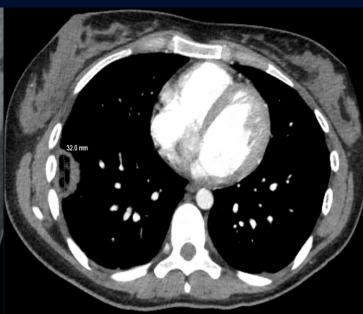


Radiograph

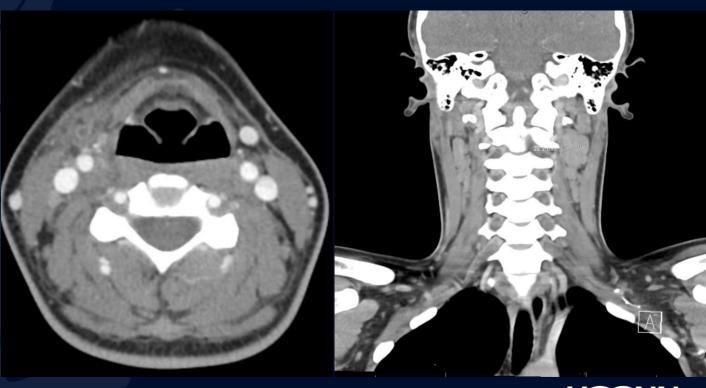






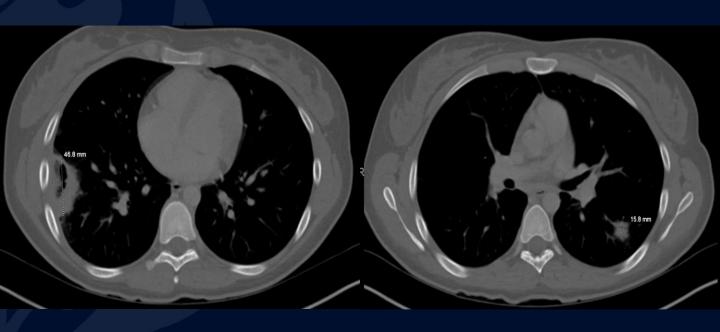








Follow-up CT (3 days later)









Lemierre Syndrome

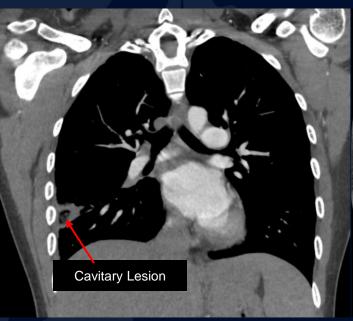


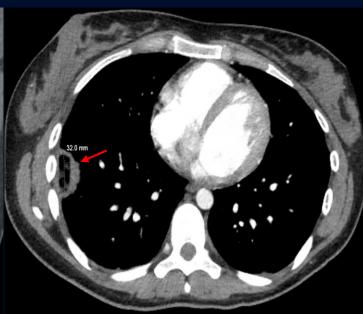
Radiograph

Right lower lobe airspace opacity



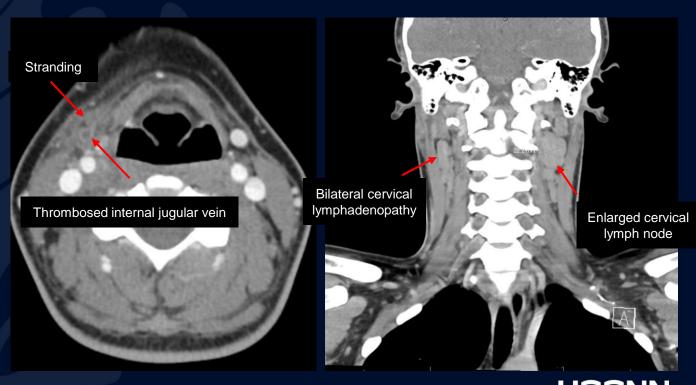






Septic emboli







Follow-up CT (3 days later)



Septic emboli



Lemierre Syndrome

Lemierre's Syndrome refers to thromboplebitis of the internal jugular veins with distant metastatic anaerobic septicemia in the stting of initial bacterial oropharyngeal infection such as pharyngitis/tonsilitis into the lateral pharyngeal spaces of the neck. Most often caused by Fusobacterium necrophorum.

- Presentation
 - Develops 4-5 days after an episode of acute pharyngitis
 - Trismus, pain, neck swelling
 - Chest pain and dyspnea (pulmonary septic emboli)
 - Joint pain, swelling, redness (septic joint)
 - Encephalopathy (intracranial involvement)

Differential diagnosis

- Right-sided endocarditis
- Cervical Lymphadenitis
- Malignancy
- Organizing Pneumonia

Treatment

- Antibiotics
- Anticoagulation- Limited data on efficacy and not typically used
- Drainage or debridement



Imaging Findings

Ultrasound

Fast screening for venous thrombosis

CT

- Tonsil fullness, edema, less commonly abscess
- Ipsilateral vein thrombosis, usually internal jugular but other small tributaries may be involved
- Inflammatory changes in the neck
- Metastatic seeding
 - Pulmonary nodules (80%); pulmonary septic emboli classically cavitate
 - Septic joint (15%)

MRI

- Evaluate for intracranial and orbital complications such as meningitis, abscess, cavernous sinus thrombosis
- Consider MRV for cerebral vein thrombosis



References

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