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Research Article

A CASE REPORT OF PAROTID ABSCESS

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ABSTRACT

Parotid abcscess is rare and mostly found in infants and elderly and in immunocompromised patients. This report describes the case of a patient who had swelling and pus discharge in left side of face. The abcess was drained under local anaesthesia under antibiotic coverage. Complete resolution of the abscess was obtained.

INTRODUCTION

Parotid abscess refers to the suppurative inflammation of the parotid gland. The inflammation of the parotid gland may manifest as parotitis, acute suppurative parotitis or parotid abscess. With advances in the antibiotic therapy and timely surgical intervention has brought down the mortality rate due to parotitis.

CASE REPORT

A 65 year old male presented to our clinic with history of swelling and pus discharge left side of face. On presentation the swelling extended from ear lobe to angle of mandible and had ulceration at angle region.

Swelling was tender and semi firm. Patient had no significant medical history. On aspiration 5ml of pus was withdrawn. Patient was put on antibiotics and the pus was drained out. Figure 1,2 and 3.

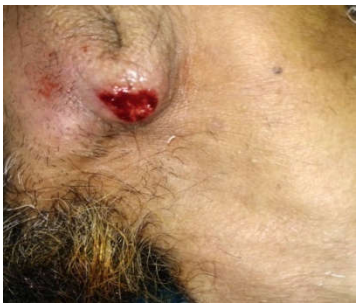

Fig 1 swelling left angle of mandible

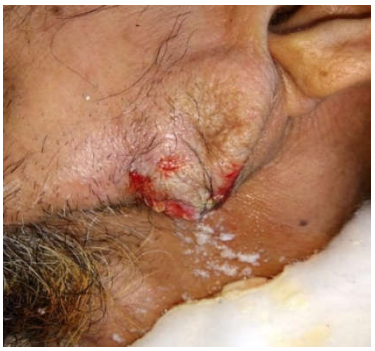

Fig 2 drainage of pus

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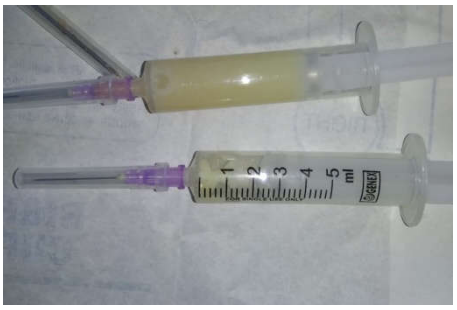

Fig 3 aspirated pus

DISCUSSION

Parotid gland lies within the parotid space. The parotid space extends from the external auditory canal and mastoid tip superiorly to the angle of mandible inferiorly and is confined within the superficial layers of the deep cervical facia.[3]Due to unyielding nature of parotid fascia, inflammatory swellings are generally painful. Parotid abscess as a pathology needs immediate intervention. The description and management of this disease are largely understood from case reports or small case series.[1]

Infection of the salivary gland is called silitis. Primary infection of the gland is termed sialadenitis, while infection of the ducts is known as sialoditis.[5] Etiology of parotid parotid abscess are-poor oral hygiene resulting in ascending infection through the Stensen's duct opening; systemic bacteraemia or septicaemia; stasis of saliva within the parotid gland secondary to obstruction (sialolith or malignancy of the parotid gland); dehydration due to severe sepsis; immunosuppression and warm tropical climate [4]. Because of wider opening of the stensons duct and serous nature of the secretion which lacks antibacterial elements, parotid gland is more prone to ascending infections. [5] Both bacteria and viruses can cause parotitis and its sequalea. The most common bacteria involved in parotid abscess are S. aureus, K. pneumonia and anaerobes. [2][4]

Parotid abscess if not treated can cause breach in parotid fascia which may then spread to contiguous structures including face and neck. Complicated parotid abscess may need advanced imaging techniques for determining the diagnosis and extent of the abscess. Immediate antibiotic therapy, surgical drainage, sialogogues and improvement of oral hygiene is recommended as per literature.[6] Literature recommends surgical drainage in following conditions : despite antibiotic therapy there is no resolution of abscess, facial paresis or paralysis, fluctuant abscess or involvement of other head and neck spaces.[7] Surgical drainage when the swelling is still indurated has been recommended to prevent further complications.

In the early 1950s, the mortality associated with parotid abscess was anywhere between 30 and 80% [2]. However with aggressive antibiotic therapy and appropriate surgical drainage, the morbidity and mortality associated with this disease have reduced.

CONCLUSION

Parotid abscess is a disease that is seen in immuno-compromised patients. First line antibiotics and surgical drainage are the treatment of choice. Disease-specific morbidity and mortality are low when appropriate treatment is instituted promptly.

Conflict of interest

We have no conflict of interest.

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