

Complicated retropharyngeal abscess: an atypical cause of myelopathy

Abscesso retrofaríngeo complicado: uma causa atípica de mielopatia

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Retropharyngeal abscess is a possible etiology for spinal cord syndrome, with often delayed diagnosis¹. A 46-year-old immunocompetent male presented with a progressive 2-month history of severe neck pain, intermittent fever, weight loss and dysphagia, and weakness and numbness in the lower and upper limbs. In addition, he had urinary incontinence and fecal retention.

A cervical spine MRI scan was performed and showed a complicated retropharyngeal abscess, with significant compression of the spinal cord (Figure 1). The abscess was drained by the surgical team; however, there was no complete neurological recovery. The present report reinforces the importance of an early surgical approach in order to achieve a better functional prognosis².

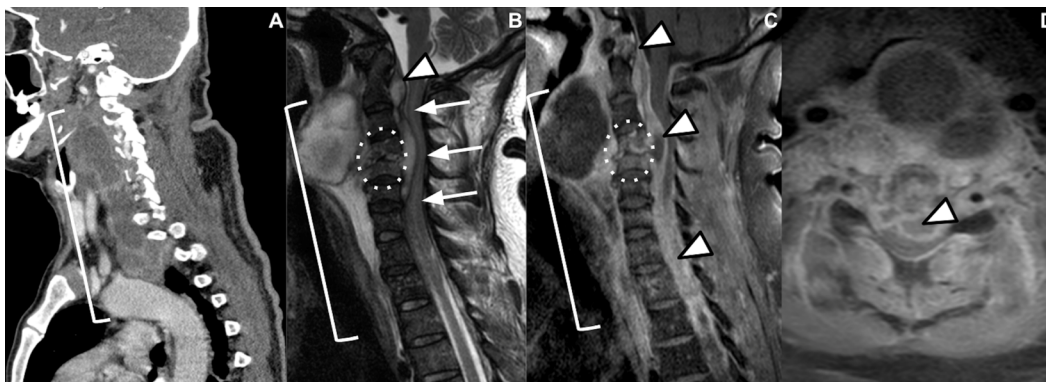


Figure 1. Post-contrast para-sagittal neck CT (A) and cervical spine MRI sagittal T2 (B); sagittal T1 (C), and axial T1 (D) weighted post-contrast images. Large collection involving the prevertebral/retropharyngeal space for review only (brackets), extending from the oropharynx to the upper mediastinum level, in close relation to the aortic arch and promoting marked reduction of the oropharynx and hypopharynx air columns. A posterior extension of the infectious/inflammatory process is observed, with involvement of the C4 and C5 vertebral bodies (osteomyelitis), the C4–C5 intervertebral disc (discitis) (both assigned with a dotted circle) and a large anterior epidural empyema (arrowheads), extending from the craniocervical junction to the cervicothoracic transition, promoting a marked narrowing of the vertebral canal and compression of the cervical spinal cord, with signs of myelopathy/myelodema (arrows), especially at the level of C4–C5.

References

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