

Title: Sore Throat and Neck Swelling

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Answer: (D) Switch to clindamycin.

Discussion

LS is characterized by thrombosis of the IJV as a consequence of an oropharyngeal infection. The thrombus is a result of hemagglutinin produced by the involved bacteria and it acts as a nidus of infection often showering septic emboli to the brain, lungs, and joints and causing sepsis. Oral commensal *Fusobacterium* species account for almost 90% of infections¹, while the rest are caused by *Prevotella*, Group C *Streptococcus*, and other oral flora². LS is treated with beta-lactam antibiotics with beta-lactamase inhibitors for 6-8 weeks duration. Anticoagulation is only considered in cases with extensive thrombosis as in this case.

In patients allergic to PCNs, clindamycin, carbapenems, or moxifloxacin may be used. Surgical drainage is only advised in patients who do not respond to antibiotic therapy and continue to deteriorate. Red man syndrome is seen with use of vancomycin and it may be avoided by slowing the infusion rate.

References:

1. Peter D. Karkos, Sheetal Asrani et al, Lemierre's Syndrome: A Systematic Review. 119: August 2009 *The Laryngoscope*
2. Elzubeir A, Elzubeir S, Szuszman A, Petkova D, Fletcher T; Lemierre's Syndrome: Forgotten Disease? *Clinical Microbiology* 4:1, 2015

Author Biography

Osama Mukarram, MD received his MBBS from Shifa College of Medicine in Pakistan in 2012 and is currently an internal medicine resident at Texas Tech University Health Sciences Center at the Permian Basin.