

편도주위농양에 관한 임상적 고찰

오영철 · 신진근 · 강보승 · 심우영 · 이원용 · 김종애

A Clinical Study of Peritonsillar Abscess

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- ABSTRACT -

Background and Objectives : Peritonsillar abscess usually occurs in patients with recurrent tonsillitis or in those with chronic tonsillitis who have inadequately treated. The abscess occurs when the bacterial infection of the tonsil spreads to the potential peritonsillar space deep behind the tonsil, and frequently encountered in clinical field in spite of decreasing incidence substantially since the advent of antibiotic therapy. **Material and Methods :** We evaluated 111 cases with peritonsillar abscess who admitted to the department of Otorhinolaryngology, WMBH during past 5 years from 1995 to 2000. **Results :** The sex ratio of male to female was 2.1 : 1. Third decade (33.4 %) were most frequently affected. It was most frequently found in winter (31.5%). The duration from onset to visit was 5.1 days in average and the mean duration of admission was 5.5 days. Left side was more frequently affected. The major symptoms were sore throat, swallowing difficulty and trismus. Bacteriological analysis was done in 83 cases and pathogenic organisms were isolated in 56 cases, consisting of 36 cases of single infection and 20 cases of mixed infection and not isolated in 27 cases. Among the isolated strains, α -hemolytic Streptococcus were 28 strains (36.8%) and β -hemolytic Streptococcus were 34 strains (44.8%). All patients were treated with parenteral and oral antibiotics and incision and drainage were performed satisfactorily. Twelve elective tonsillectomy and 2 immediate tonsillectomy were performed in recurrent peritonsillar abscess without complication. **Conclusion :** Antibiotic and adequate incision and drainage can reduce the complaints of patients. In recurrent cases, tonsillectomy is treatment of choice. (**J Clinical Otolaryngol 2000;11:267-272**)

KEY WORDS : Peritonsillar abscess · Incision and drainage · Tonsillectomy.

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재료 및 방법

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결 과

75 (67.6%) 36 (32.4%)
가
9 1 (0.9%), 10 15 (13.5%), 20 37 (33.4%), 30 33 (29.7%), 40 15 (13.5%), 50 8 (7.2%), 60 1 (0.9%), 70 1 (0.9%)
20 30 가 70 63.15%
가 가 9 60
(Table 1).
(3 5), (6 8), 가 (9 11),
(12 2) 4
25 (22.5%), 26 (23.5%), 가 25 (22.5%), 35 (31.5%)

Table 1. Age and sex distribution

Age	Sex		Total (%)
	Male	Female	
- 9	1	0	1 (0.9)
10-19	7	8	15 (13.5)
20-29	27	10	37 (33.4)
30-39	24	9	33 (29.7)
40-49	12	3	15 (13.5)
50-59	3	5	8 (7.2)
60-69	0	1	1 (0.9)
70-	1	0	1 (0.9)
Total	75 (67.6)	36 (32.4)	111 (100)

가
(Fig. 1).
5.1
3 7 6 14
(Table 2).
5.5

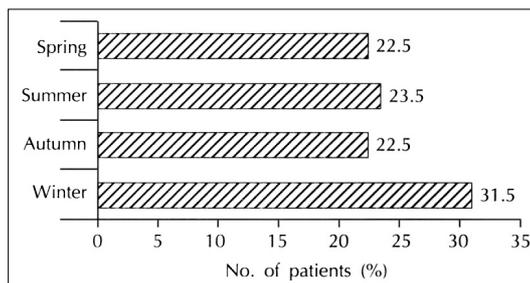


Fig. 1. Seasonal distribution. It was most prevalent in winter, summer, spring and autumn are next in order.

Table 2. Duration since onset of symptom

Days	No. of patients (%)
1	2 (1.8)
2	16 (14.4)
3	27 (24.3)
4	14 (12.6)
5	16 (14.4)
6	6 (5.4)
7	16 (14.4)
8	1 (0.9)
9	1 (0.9)
10	6 (5.4)
11	0 (0.0)
12	0 (0.0)
13	0 (0.0)
14	6 (5.4)

Average : 5.1 days

Table 3. Site of peritonsillar abscess

Site	No. of case (%)
One side	
Rt.	42 (37.8)
Lt.	65 (58.6)
Both side	4 (3.6)
Total	111 (100)

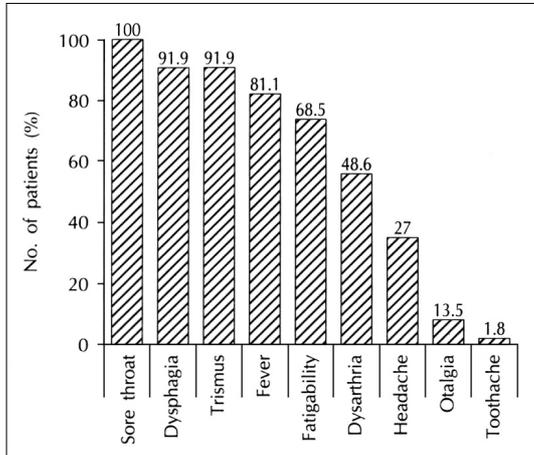


Fig. 2. Major symptoms. The major symptoms were sore throat, swallowing difficulty and trismus.

Table 4. Temperature at admission

Temperature ()	No. of patients (%)
- 36.5	3 (2.7)
36.6 - 37.5	27 (24.3)
37.6 - 38.5	77 (69.4)
38.6 - 39.5	3 (2.7)
39.6 -	1 (0.9)

111 (37.8%), 65 (58.6%), 42 (37.8%)

4 (3.6%) (Table 3).

102 (91.9%), 90 (81.8%), 76 (68.5%), 54 (48.6%), 30 (27.0%), 15 (13.5%), 2 (1.8%) (Fig. 2).

111 (37.6%), 77 (69.4%), 36.5 (37.5%), 27 (24.3%), 38.6 (39.5%), 3 (2.7%) (Table 4).

83 (67.5%), 20 (35.7%), 27 (24.3%), 36 (67.5%), 20 (35.7%) (Table 5).

- hemolytic streptococcus 34 (44.8%), - hemolytic streptococcus 28 (36.8%), - hemolytic streptococcus 6 (7.9%), Neisseria 5

Table 5. Bacteriological analysis

No. (%)	Strains	No. (%)
	-hemolytic streptococcus	28 (36.8)
	-hemolytic streptococcus	34 (44.8)
Culture (+)	-hemolytic streptococcus	6 (7.9)
Single	Staphylococcus aureus	2 (2.6)
Mixed	Non-pathogenic neisseria	5 (6.6)
	Klebsiella	1 (1.3)
Culture (-) 27 (32.5)		

Table 6. Past history

Past history	No. of case (%)
Prior tonsillitis	23 (20.7)
Prior abscess	2 (1.8)
Frequent sore throat	39 (35.1)
Total	64 (57.7)

Table 7. Treatment

Modality of Tx.	No. of case (%)
Medical (Oral and parenteral antibiotics)	111 (100)
Surgical Incision and drainage	111 (100)
Interval tonsillectomy	12 (10.8)
Hot tonsillectomy	2 (1.8)

(6.6%), Staphylococcus aureus 2 (2.6%) KI-ebsiella 1 (1.3%) 111 (20.7%), 23 (1.8%), 39 (35.1%) (Table 6). 111 (10.8%) interval tonsillectomy, 2 (1.8%) Hot tonsillectomy (Table 7).

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9 (39.1%)
 Maisel⁶⁾ 22 : 23
 가 가
 (3.6%) Dam,²⁾ Lee,³⁾ Chung⁴⁾
 Ballenger⁷⁾
 Supratonsillar fossa Crypts
 1 2
 가 75 : 36 가
 1-5) 가
 가
 37.6 38.5 가 77 (69.4%)
 Dam,²⁾ Ballenger⁷⁾, Jang
 1) 36.6 37.5 (37.0%), 36.5 (38.9%)
 가
 20 가 37 (33.4%)
 Jang¹⁾ 31.5%, Dam²⁾ 31.5%
 , Lee³⁾ 42.0%, Chung⁴⁾
 78.3% . 20 30
 가 9 1
 1) 26 (65%), 9 (23.5%),
 (0.9%), 60 1 (0.9%) Jang¹⁾ Lee³⁾ Dam²⁾ 38 (73.9%), 13
 10 60 (27.1%)
 - hemolytic str-
 eptococcus 34 (44.8%), - hemolytic streptococcus 28 (36.8%), - hemolytic streptococcus 6
 (7.9%), Neisseria 5 (6.6%), Staphylococcus aureus 2 (2.6%), Klebsiella 1 (1.3%)
 Jang¹⁾ - hemolytic streptococci 22 (55%),
 - hemolytic streptococci 4 (10%), Lee³⁾ -
 hemolytic streptococci 8 , - hemolytic strepto-
 cocci 7 62.5% , Dam²⁾
 - hemolytic streptococci 36 (41.3%), - he-
 molytic streptococci 11 (12.6%)
 가 ,
 42 (37.7%), 65
 1-3)
 (58.6%) Streptococcus
 , Chung⁴⁾ 13 (56.5%), Staphylococcus가

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