

A Case of Postanginal Internal Jugular Vein Thrombosis and Pulmonary Septic Emboli

Postanginal İnternal Juguler Ven Trombozu ve Pulmoner Septik Emboli Olgusu

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ABSTRACT

A 64-year-old woman was admitted to our hospital with a 10-days history of sore throat, fever and a 3-days history of painful left neck mass. She had been treated with Cefixime, owing to complains of sore throat and fever at another primary clinic. Her throat examination showed mild erythema. A painful neck mass on the left side was observed. Laboratory findings were as follows: white blood cell count, 11,220/ μ L; and C-reactive protein, 16.9 mg/dL. No organism was isolated from blood culture. Enhanced cervical computed tomography (CT) revealed enlargement of the left internal jugular vein, in which hypodense lesions compatible with thrombosis could be seen. High-resolution chest CT revealed patchy opacities compatible with pulmonary septic emboli. Although septicemia was not demonstrated in blood culture, probably because she was already taking antibiotics, the patient was diagnosed with Lemierre's syndrome.

Key Words: Jugular vein, thrombosis, pulmonary septic emboli, Lemierre's syndrome

Received: 10.16.2018

Accepted: 05.25.2019

ÖZET

Altmışdört yaşında bir kadın hasta 10 gündür boğaz ağrısı, ateş ve 3 gün ağrılı sol boyun kitlesi şikayeti ile başvurdu. Başka bir klinikte boğaz ağrısı ve ateş şikayeti nedeniyle Cefixime ile tedavi edildi. Boğaz muayenesinde hafif eritem vardı. Sol tarafta ağrılı bir boyun kitlesi görüldü. Laboratuvar bulguları aşağıdaki gibidir: beyaz kan hücreleri sayısı, 11,220/ μ L ve C-reaktif protein, 16.9 mg/dL'dir. Kan kültüründen hiçbir organizma izole edilmedi. Gelişmiş servikal bilgisayarlı tomografide (BT), sol internal juguler venin genişlemesi, tromboz ile uyumlu hipodense lezyonları görüldü. Yüksek çözünürlüklü toraks BT'de pulmoner septik emboli ile uyumlu yamalı opasiteler görüldü. Her ne kadar septisemi kan kültüründe gösterilmese de, muhtemelen zaten antibiyotik kullandığı için hastaya Lemierre sendromu teşhisi kondu.

Anahtar Sözcükler: Juguler ven, tromboz, pulmoner septik emboli, Lemierre sendromu

Geliş Tarihi: 16.10.2018

Kabul Tarihi: 25.05.2019

A 64-year-old woman was admitted to our hospital with a 10-days history of sore throat, fever and a 3-days history of painful left neck mass. She had been treated with Cefixime (200 mg/day), orally, owing to complains of sore throat and fever at another primary clinic. She had no other notable history of disease. Physical examination revealed a body temperature of 38.3°C, blood pressure of 140/82 mmHg, and a heart rate of 84 beats/min. Chest sounds were normal with a respiratory rate of 24 breaths/min. Her throat examination showed mild erythema without bilateral tonsillar swellings. A painful neck mass on the left side was observed.

Laboratory findings were as follows: white blood cell count, 11,220/ μ L (neutrophils, 87.8%; eosinophils, 0.4%; monocytes, 5.6%; lymphocytes, 6.2%); and C-reactive protein, 16.9 mg/dL. No organism was isolated from blood culture. Enhanced cervical computed tomography (CT) revealed enlargement of the left internal jugular vein, in which hypodense lesions compatible with thrombosis could be seen (Figure 1A). High-resolution chest CT revealed patchy opacities compatible with pulmonary septic emboli (Figure 1B). Although septicemia was not demonstrated in blood culture, probably because she was already taking antibiotics, the patient was diagnosed with Lemierre's syndrome.

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doi:<http://dx.doi.org/10.12996/gmj.2019.85>

Lemierre's syndrome is characterized by a history of recent oropharyngeal infection, clinical or radiological evidence of internal jugular vein thrombosis, and isolation of anaerobic pathogens, mainly *Fusobacterium necrophorum* (1). Although Lemierre's syndrome is a rare complication of the oropharyngeal infection, it can be a life-threatening condition. The syndrome has been termed as "a forgotten disease" in the era of modern antimicrobial therapy. However, recently, the number of reported cases of Lemierre's syndrome is increasing due to the restricted use of antibiotics for sore throats and tonsillitis and increased antibiotic resistance or changes in antibiotic prescription patterns (1-3). In addition, pharyngitis or tonsillitis can progress to this rare, but lethal syndrome. Therefore, early diagnosis and prompt administration of antibiotic treatments are essential for preventing metastatic dissemination of septic thrombi and reduce the mortalities associated with this disease (4).

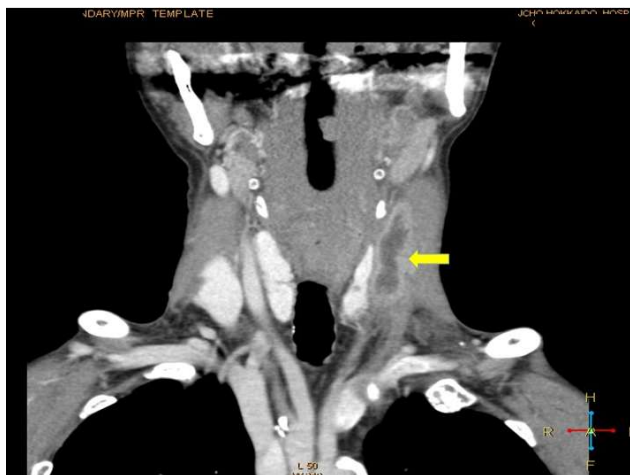


Figure 1A: Enhanced cervical computed tomography showing enlargement of left internal jugular vein, in which hypodense lesions compatible with thrombosis can be seen.

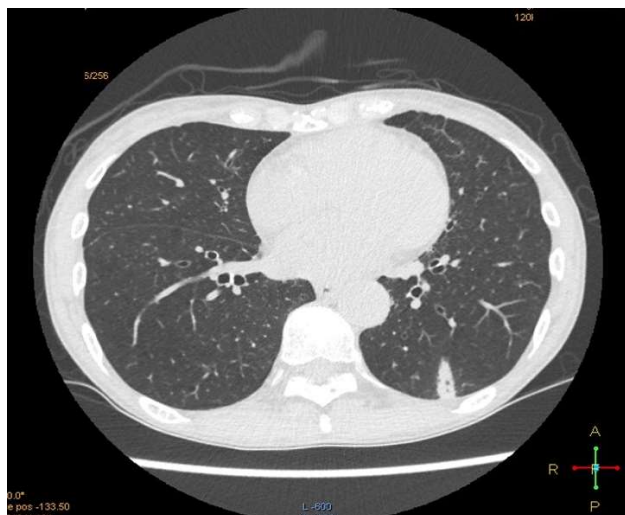


Figure 2B: High-resolution chest computed tomography showing patchy opacities compatible with pulmonary septic emboli.

Conflict of interest

No conflict of interest was declared by the authors.

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