Lemierre’s Disease: Infectious Thrombophlebitis of the Lateral Pharyngeal Space

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range when the initial serum prolactin is <500 ng/ml. Pergolide (permax) is an alternative medication when bromocriptine is not well tolerated. Cabergoline (dostinex) is a newer, longer-acting dopamine agonist that may be more effective and better tolerated than bromocriptine. Pituitary irradiation is useful as adjunctive therapy of macroadenomas and in patients with persistent hypersecretion following surgery. Stereotactic radiosurgery is a newer modality in the treatment of prolactinomas. Chronic treatment requires periodic measurement of prolactin levels. Evaluation and monitoring of pituitary function are recommended following transsphenoidal surgery. Patients must be monitored for several years after surgery, since up to 50% of microadenomas and nearly 90% of macroadenomas can recur.

**Conclusion:** Prolactinomas can be one of the causes of infertility in men. Proper evaluation for men experiencing infertility should include a measurement of serum prolactin levels. Diagnosing prolactinomas early will decrease associated problems such as impotence, chronic headache, and visual field defects. Patients who present with infertility need caring, guidance, and expertise that is uniquely found in all physician assistants.

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**Purpose:** To increase the clinician’s ability to suspect, diagnose, and treat Lemierre’s disease, a condition that can lead to significant morbidity and mortality, if untreated.

**Case:** A 20-year-old man presented to the emergency department with one week of worsening sore throat, neck fullness, fever, nausea, vomiting, and diarrhea. His exam was notable for a temperature of 102.8 F, pulse of 136/min, and tenderness over the right anterior neck. Further work-up revealed a white blood count of 17,500/µL, platelets of 132,000/µL, sodium of 130mEq/L, and a chest radiograph showing bibasilar opacities. The patient was admitted for presumed pneumonia, placed on intravenous ceftriaxone and azithromycin and fluid resuscitation. The patient’s neck tenderness persisted despite treatment, and on hospital day two, his blood cultures grew gram-negative bacteria Fusobacterium necrophorum. The constellation of neck tenderness, sore throat, fevers, bibasilar pneumonia, and Fusobacterium necrophorum bacteremia suggested the diagnosis of Lemierre’s disease. Computer tomography (CT) of the neck and chest revealed multiple small abscesses (largest 9mm) in the right carotid space as well as multiple peripheral pulmonary nodules, thus confirming the diagnosis of Lemierre’s disease with infectious metastases. The patient was treated with intravenous ampicillin/sulbactam and metronidazole for nine days, then discharged on oral ampicillin/clavulanate and metronidazole for one additional week. The patient had no further complications when seen in a follow-up appointment one week later.

**Discussion:** Lemierre’s disease is an uncommon condition defined as an oral pharyngeal infection complicated by thrombophlebitis of the lateral pharyngeal space. The typical
presentation and progression consists of three stages. First, the patient may present with oropharyngeal infection and constitutional symptoms. Initial presenting symptoms can include trismus, drooling, and a palpable internal jugular vein, referred to as the “cord sign.” The next stage involves local invasion of the lateral pharyngeal space with the potential for abscess formation or thrombophlebitis. In the final stage, because the carotid artery and internal jugular vein lie in close proximity, metastases of the infected thrombus can cause life-threatening complications. Reported complications include septic pulmonary emboli with pulmonary infarcts, pulmonary infiltrates and effusions, abscesses, empyema, and pneumothoraces. Other clinical presentations have included peri-orbital cellulitis, meningitis, multiple abscesses, and osteomyelitis. CT of the neck and doppler ultrasonography are the standard imaging techniques used to diagnose Lemierre’s disease and to characterize the extent of the thrombus. Blood cultures are essential to the diagnosis, as 86% of patients have bacteremia most commonly with Fusobacterium necrophorum but may present with mixed flora. Standard therapy starts with securing the airway, empiric use of broad-spectrum antibiotics, and should include coverage for beta-lactam resistant anaerobes such as Fusobacterium necrophorum. In our case, we used ampicillin/sulbactam and metronidazole. Recommended duration of antibiotic therapy is a minimum of four weeks.

**Conclusion:** Although rare in the antibiotic era, Lemierre’s disease requires early identification and treatment to prevent potentially serious complications.

**REM Behavioral Sleep Disorder in a 28-year-old: A Case Study.** B. Pearman, D. LaBarbera, University of Saint Francis, Fort Wayne, Texas

**Introduction:** Rapid eye movement behavioral sleep disorder (RBD) is a rare condition whereby individuals perform complex motor behaviors during sleep. These motor behaviors are often related to dream mentation, thereby occurring during the rapid eye movement (REM) stage of sleep. The ability to recall dreams is one of the characteristics of RBD not seen with other conditions that cause motor behaviors during sleep, otherwise known as parasomnias. These dream recollections often tend to be stressful or violent in nature. Secondarily, sleep studies often show the behavior occurring during known phases of REM sleep. Because RBD often involves complex motor activity associated with stressful dream mentation, there is inherent physical risk to both the patient and their bed partner.

RBD usually occurs in the 6th or 7th decade of life and is commonly associated with an underlying neurological disease, such as Parkinson's Disease or Alzheimer's Disease. A 28-year-old male with no history of neurological disease was recently diagnosed with RBD. Therefore, this case bears discussion as it lies outside the expected epidemiology of RBD.

**Purpose:** The purpose of this study is to discuss major considerations in sleep physiology as it relates to clinical practice, outline the common findings of RBD, including diagnostic criteria, how these common findings differ from those of the patient involved