



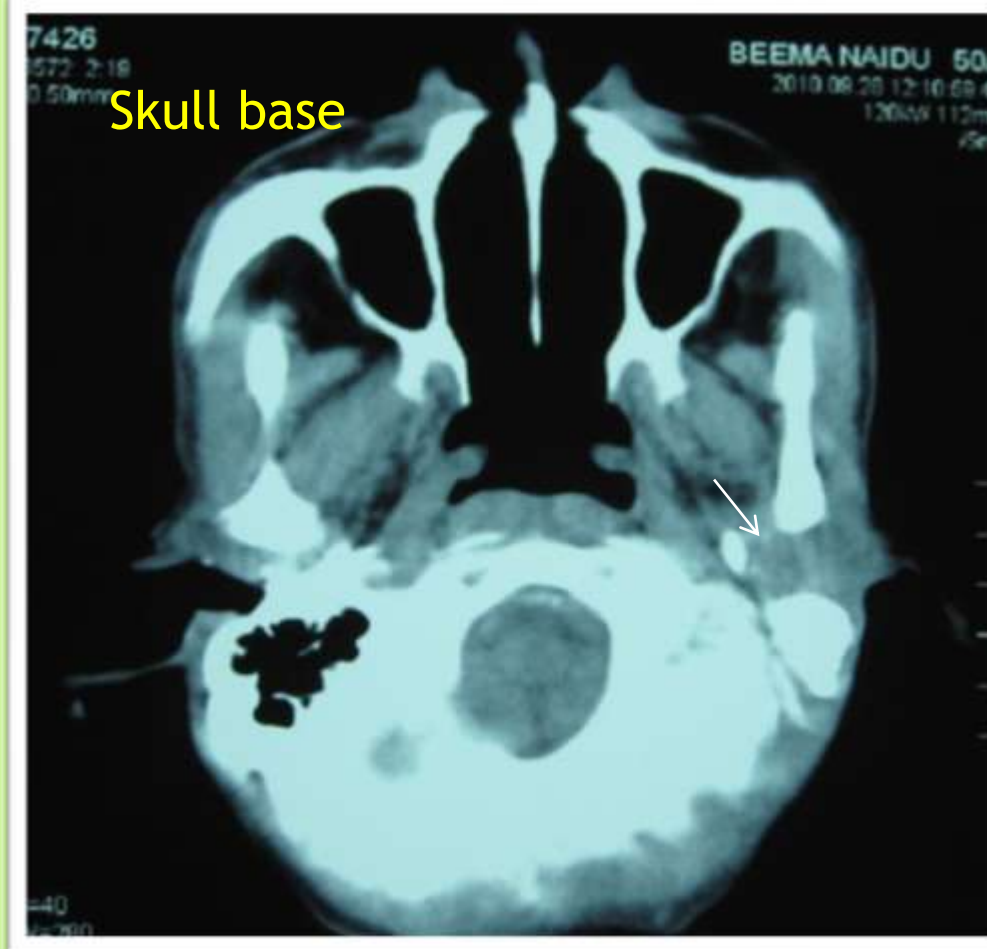
LEMIERRES SYNDROME – A PICTORIAL ASSAY

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PLAIN

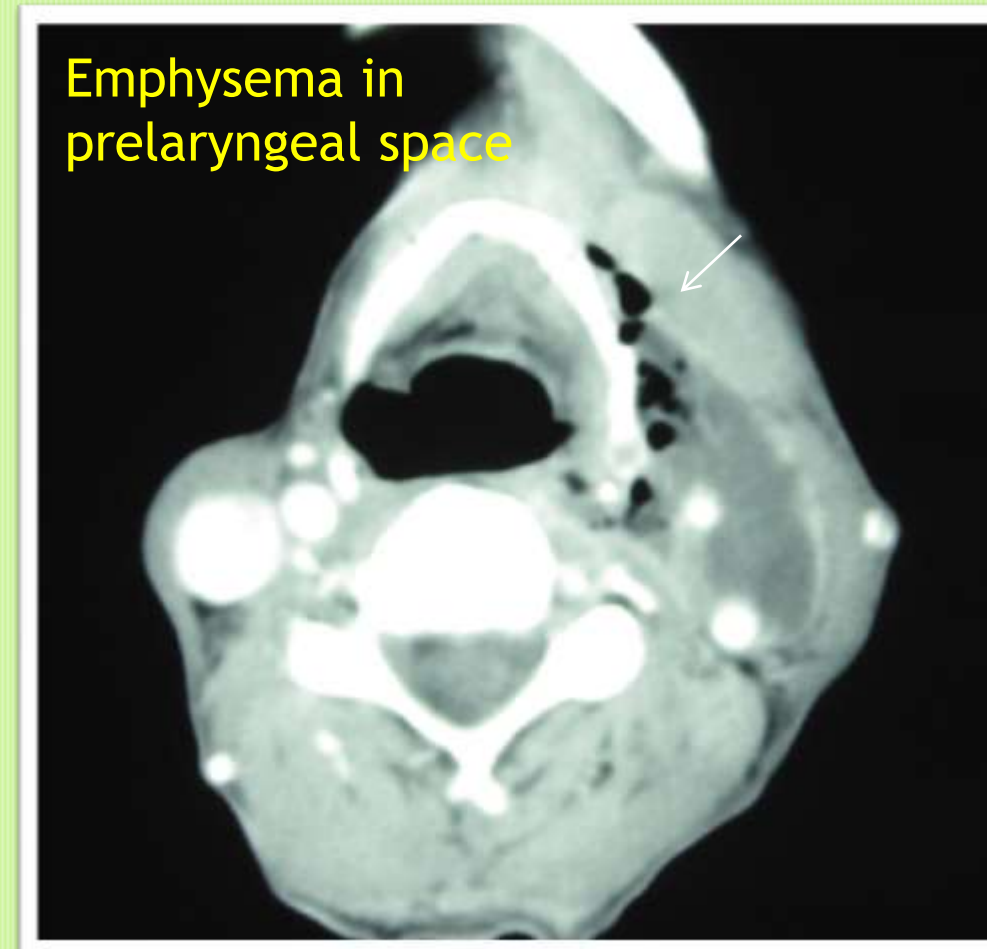
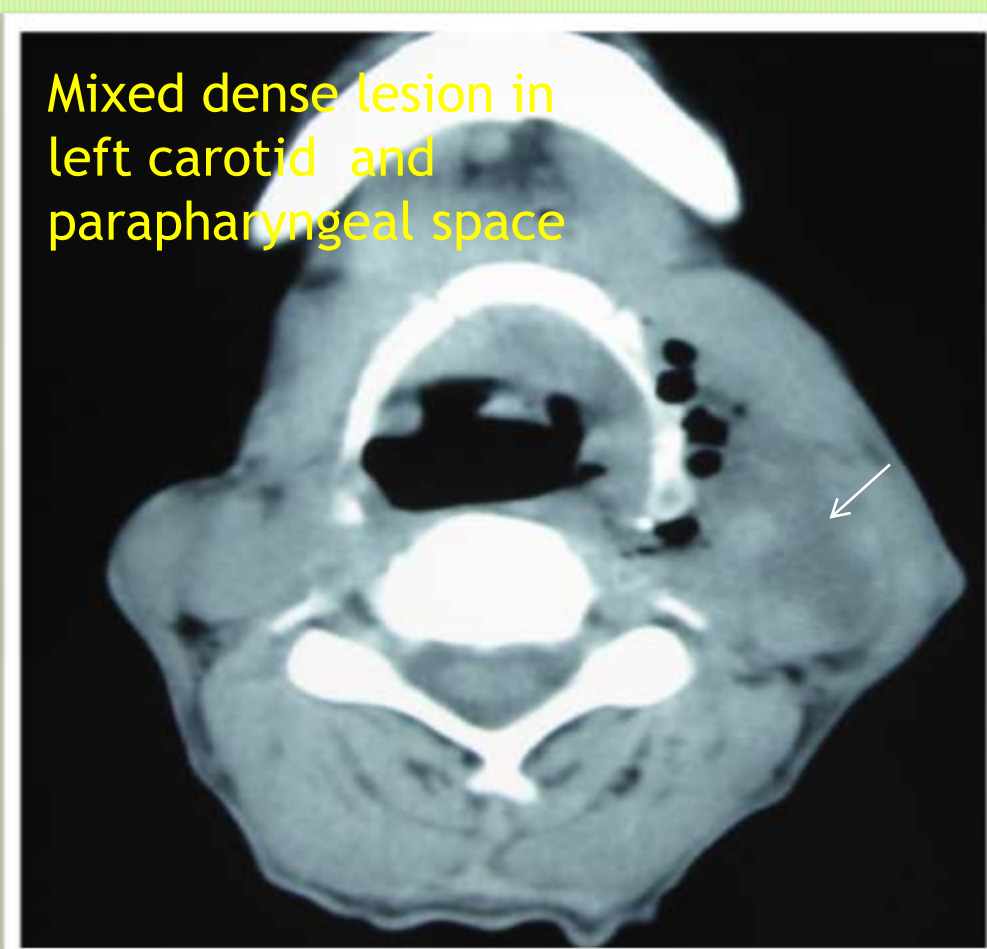


CONTRAST

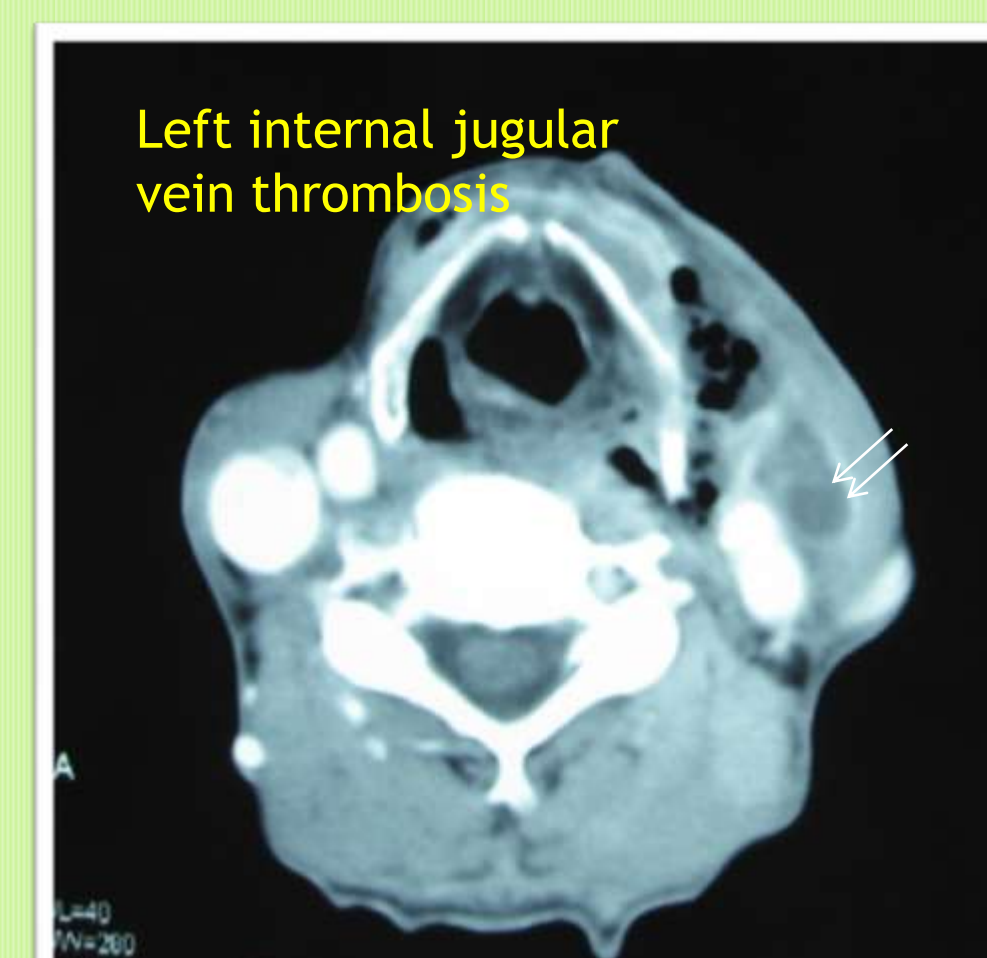
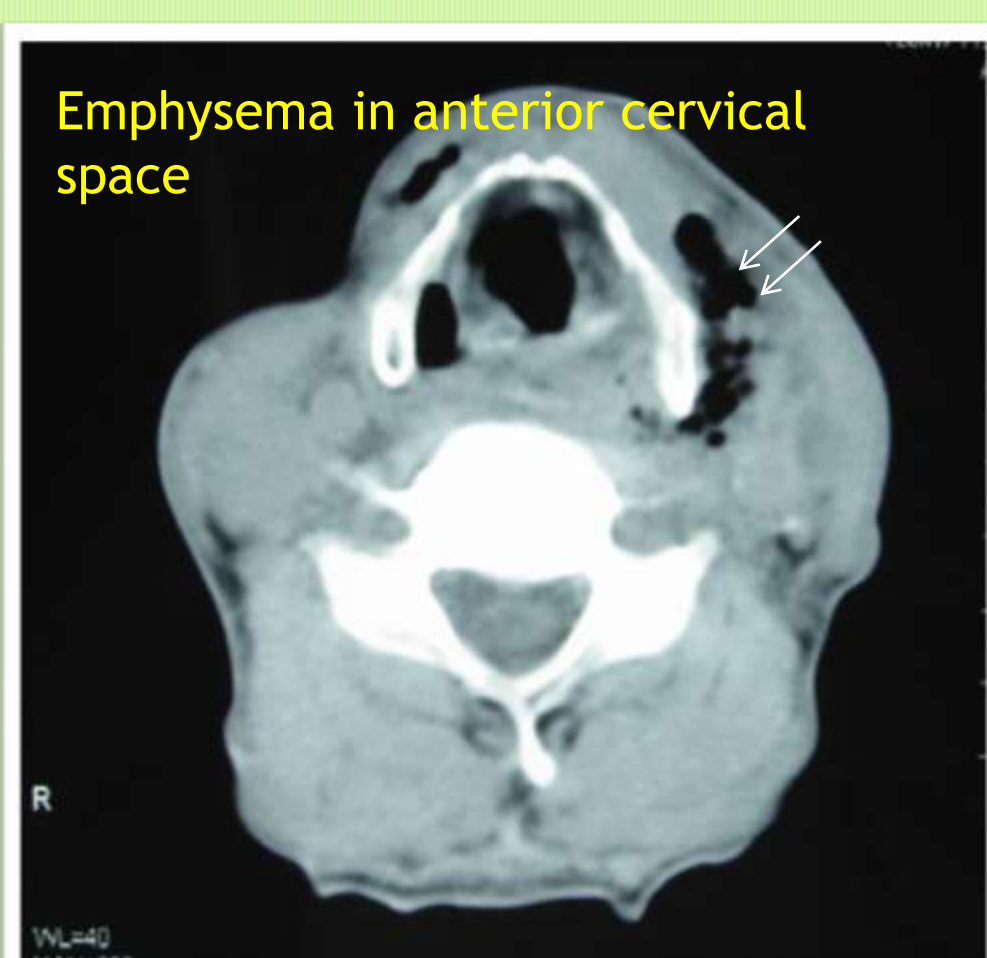
MANDIBLE LEVEL



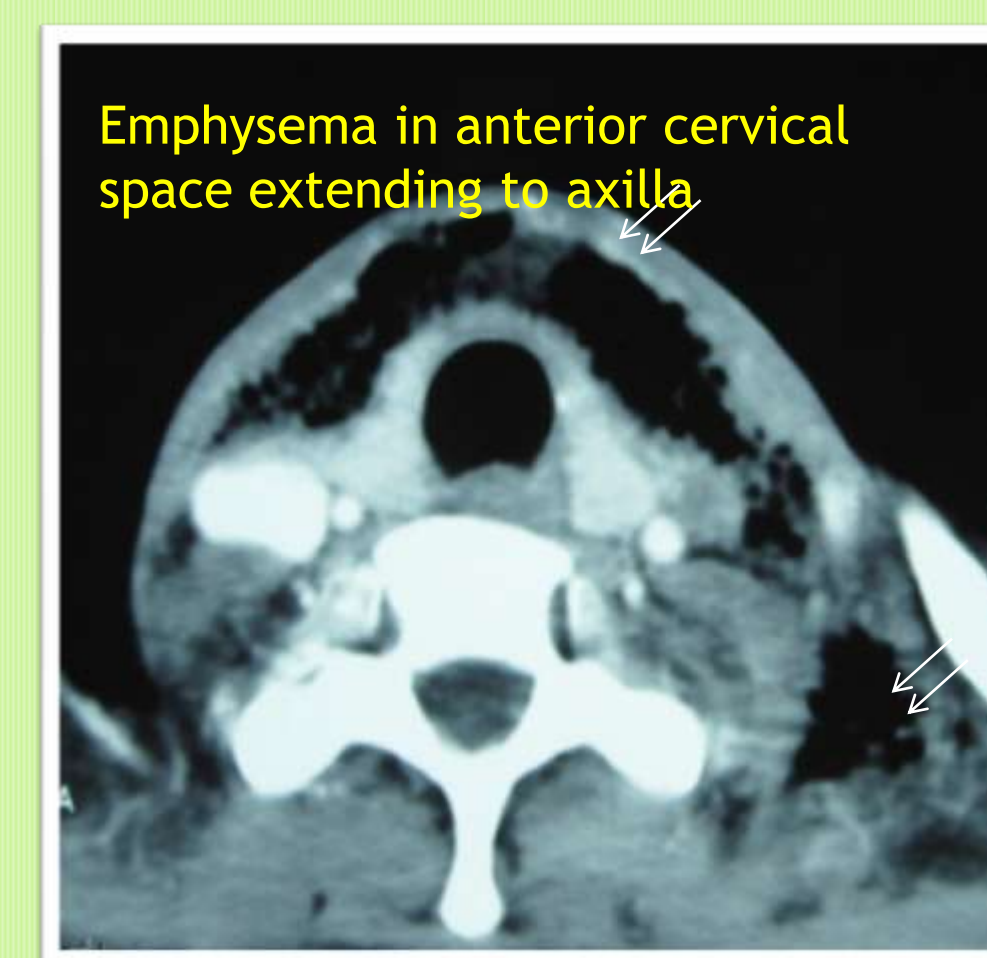
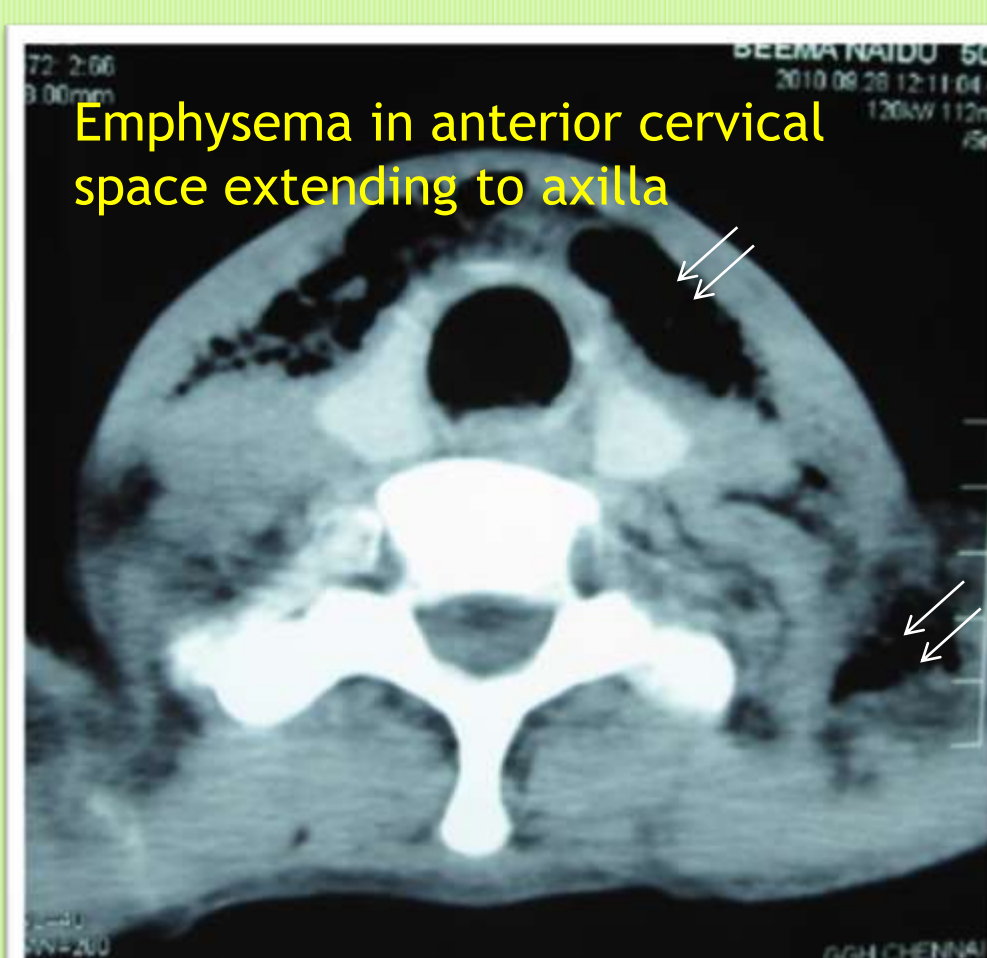
HYOID LEVEL



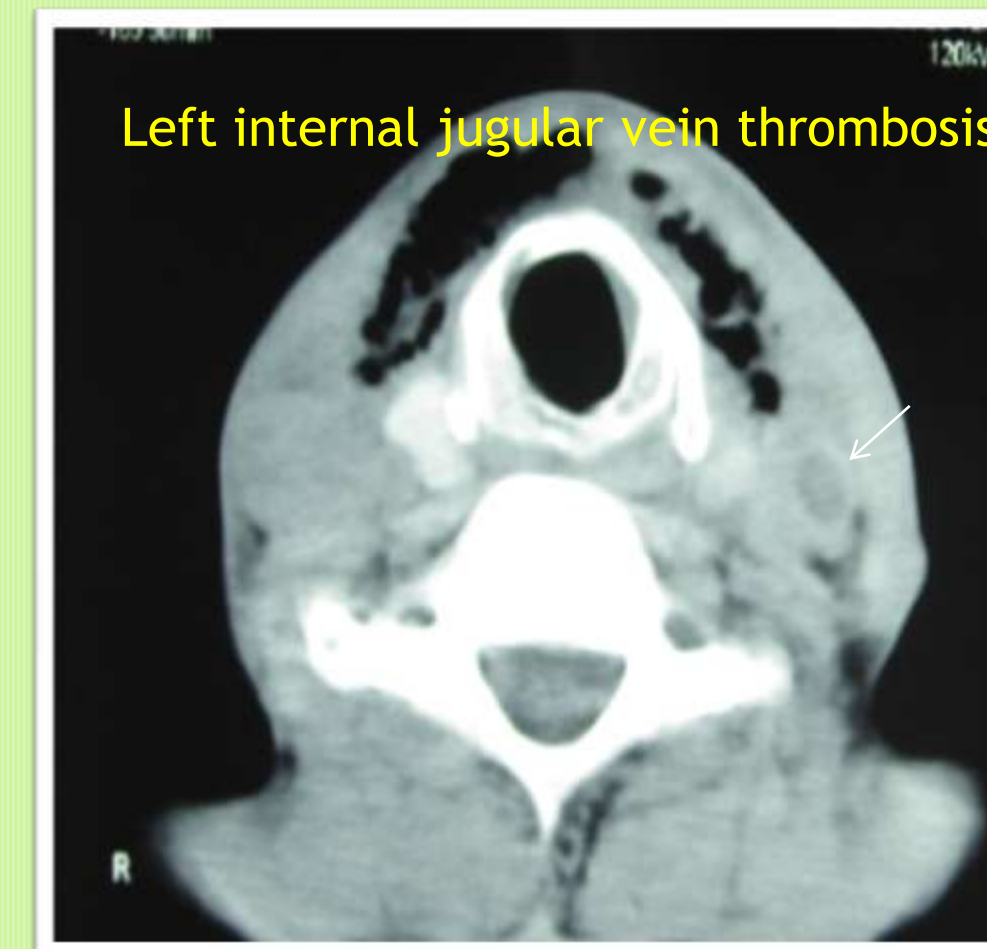
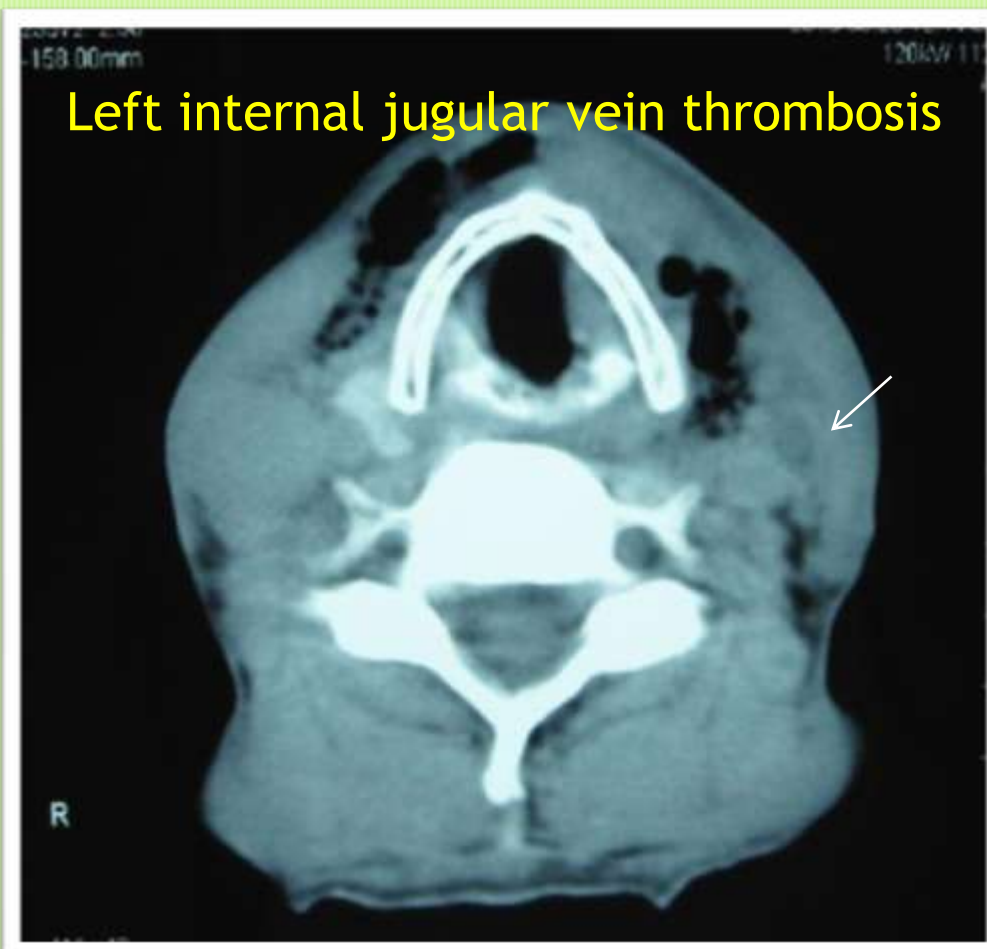
THYROID CARTILAGE LEVEL



THYROID LEVEL



CRICOID LEVEL



HISTORY & WORK UP

50 yr old male came with c/o
Fever, sore throat
Dysphagia, hoarseness of voice
Trismus – for 15 days

CLINICAL EXAMINATION

- Inability to protrude the tongue
- Trismus
- Crepitus in front of neck

CT

- Mixed dense lesion with airpockets is noted in the left peritonsillar fossa and is seen to extend along carotid sheath into anterior mediastinum.
- Emphysema is noted in anterior cervical space extending between strap muscles of neck and thyroid.
- Left internal jugular vein thrombosis.
- The emphysema is seen to extend to bilateral axillae and posteriorly beneath the scapula on the left.

Diagnosis

LEMIERRES SYNDROME

DISCUSSION

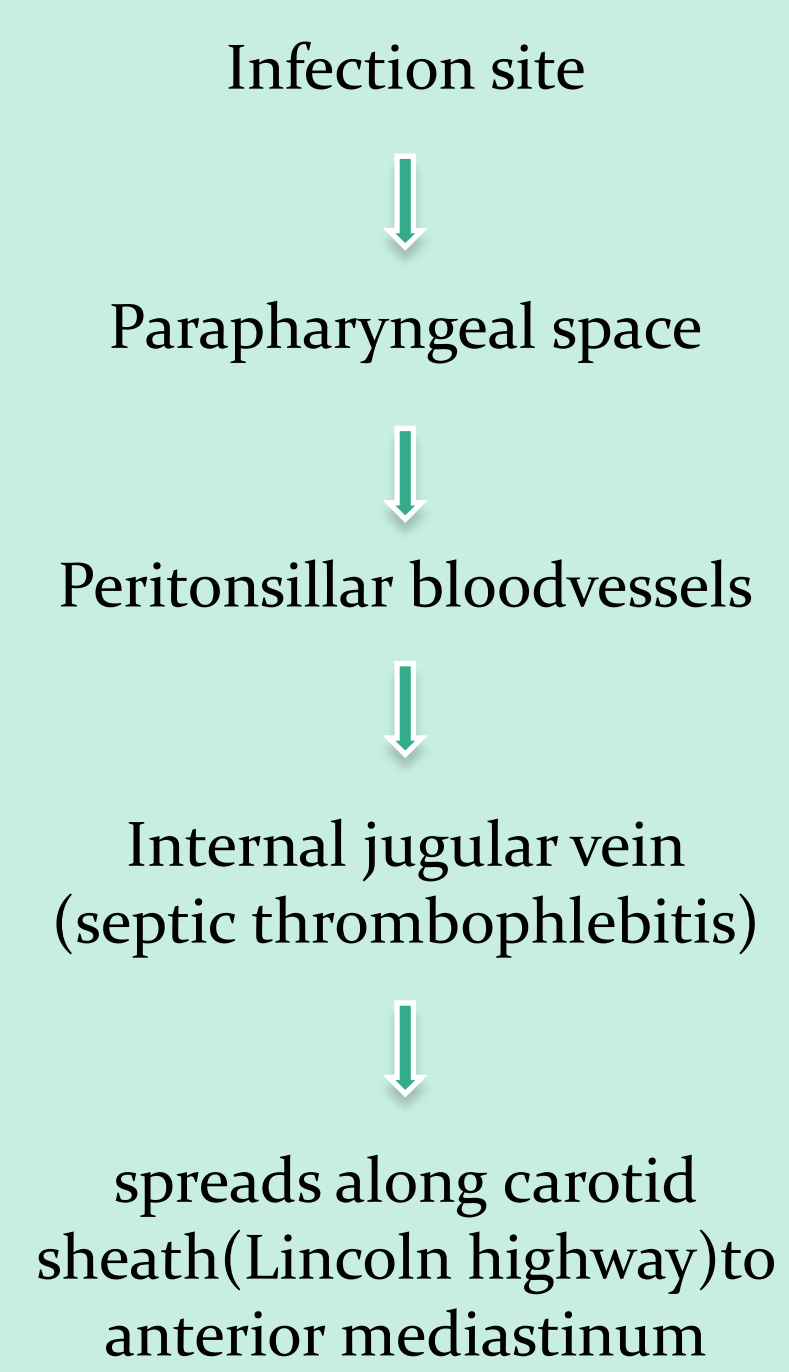
AETIOLOGY

usually, *Fusobacterium necrophorum*, a gram negative rod.

Necrotizing fasciitis of the head and neck is a life-threatening soft tissue infection rapidly involving superficial fat and fascia with necrosis of the overlying skin.

If septic thrombophlebitis of the internal jugular vein complicates a parapharyngeal abscess, the clinical condition is referred to as LEMIERRE SYNDROME.

PATHOPHYSIOLOGY



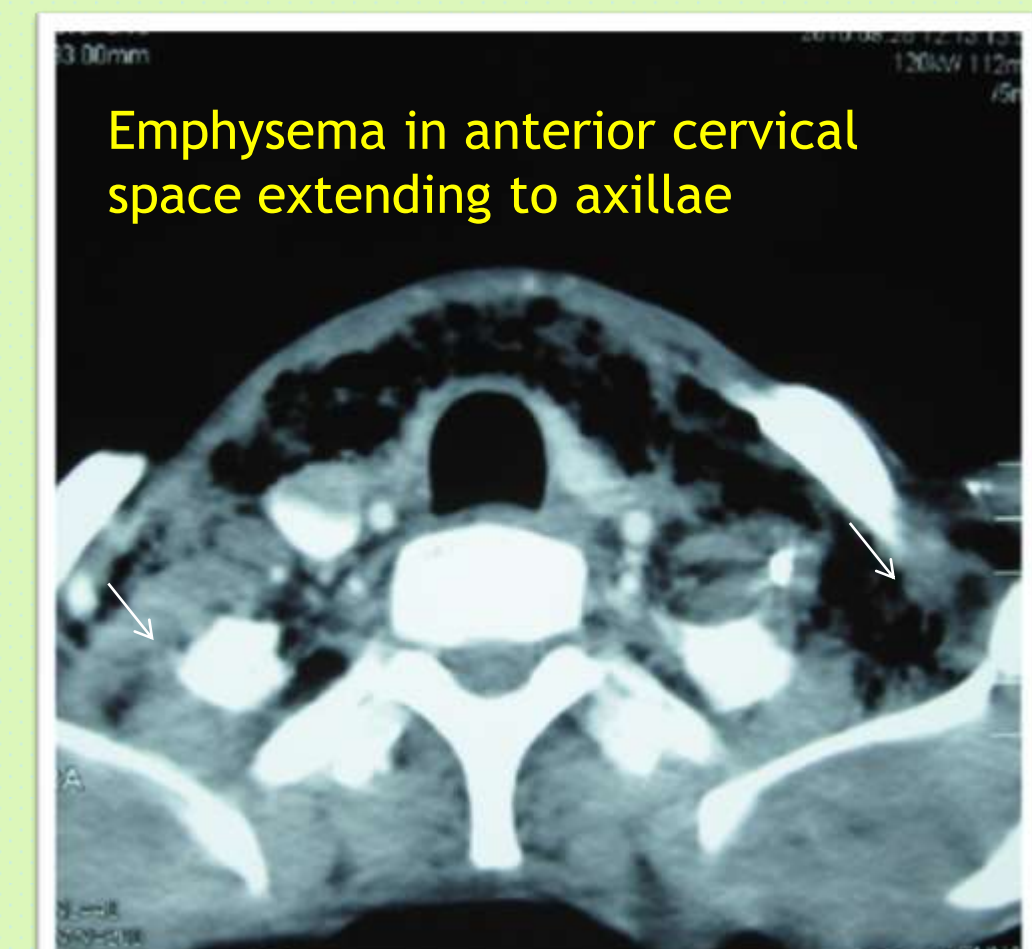
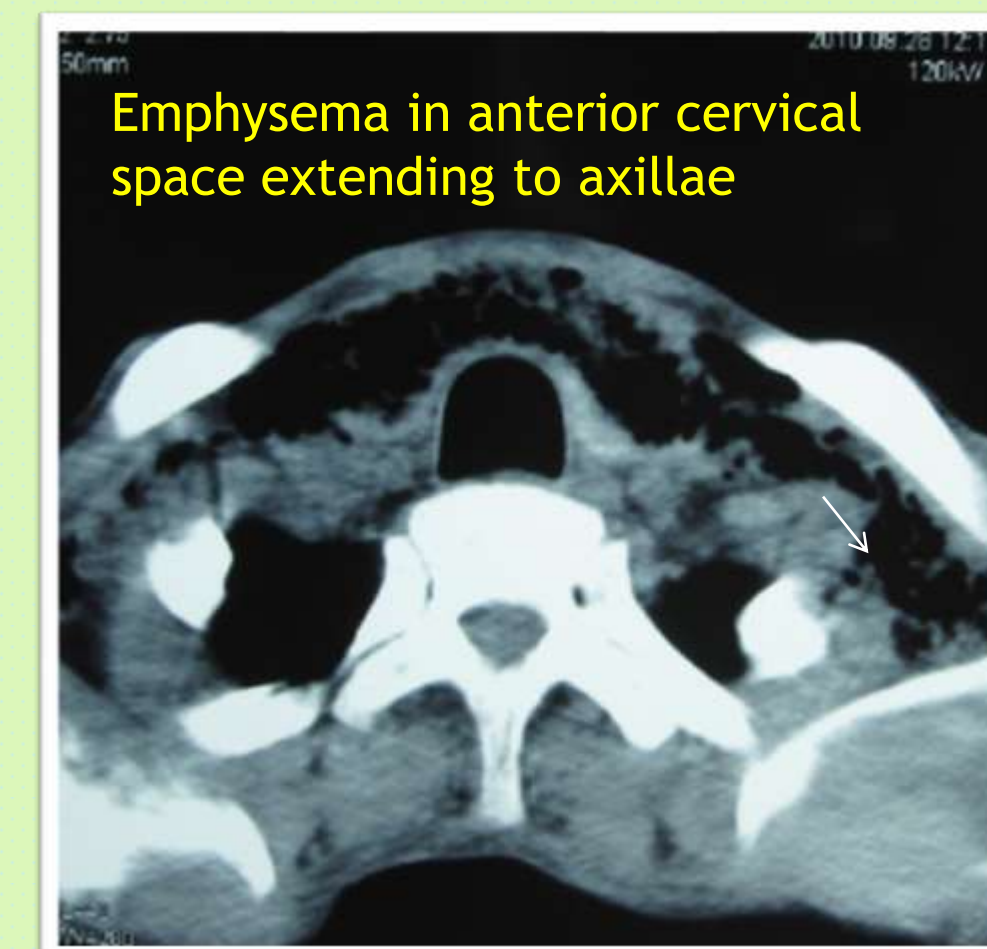
COMPLICATIONS

- *F. necrophorum* produces hemagglutinin which causes platelet aggregation that can lead to diffuse intravascular coagulation and thrombocytopenia.
- Septic embolus to pulmonary artery causing pulmonary embolism.
- Septic metastasis & abscess formation in muscle & soft tissues, liver, spleen, kidneys and nervous system.

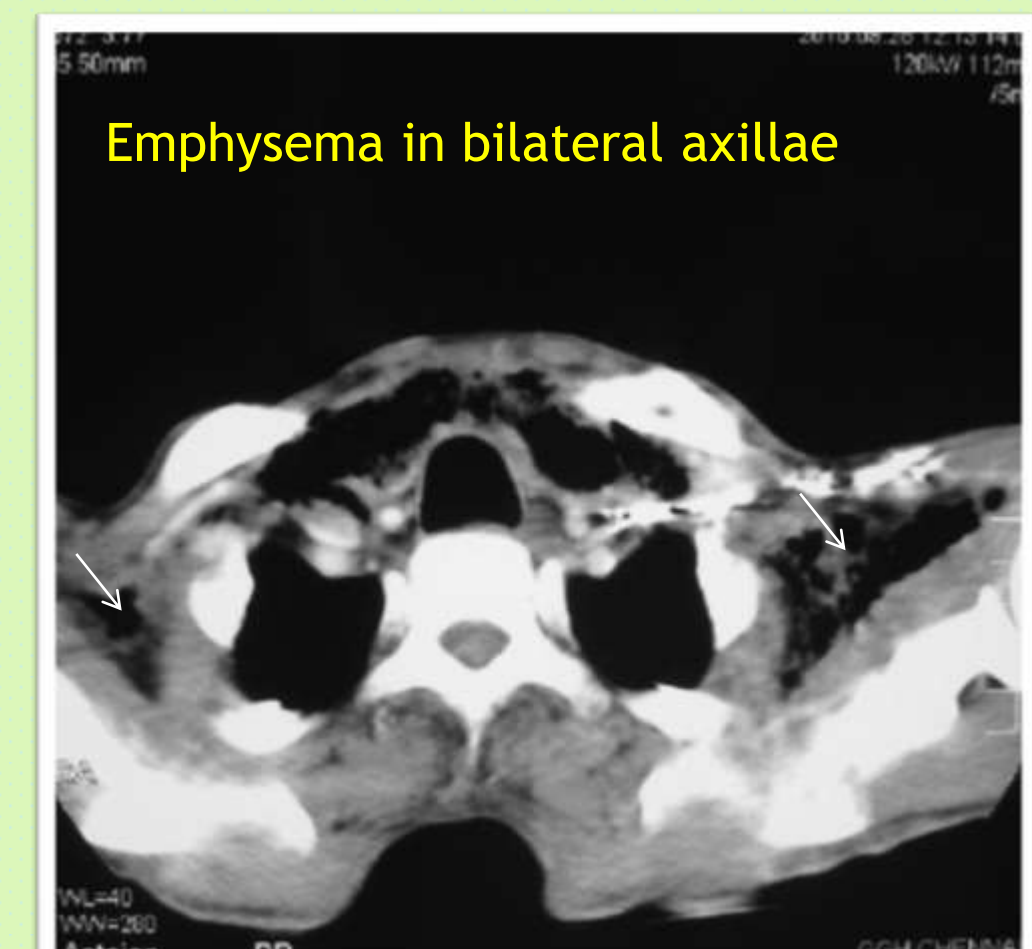
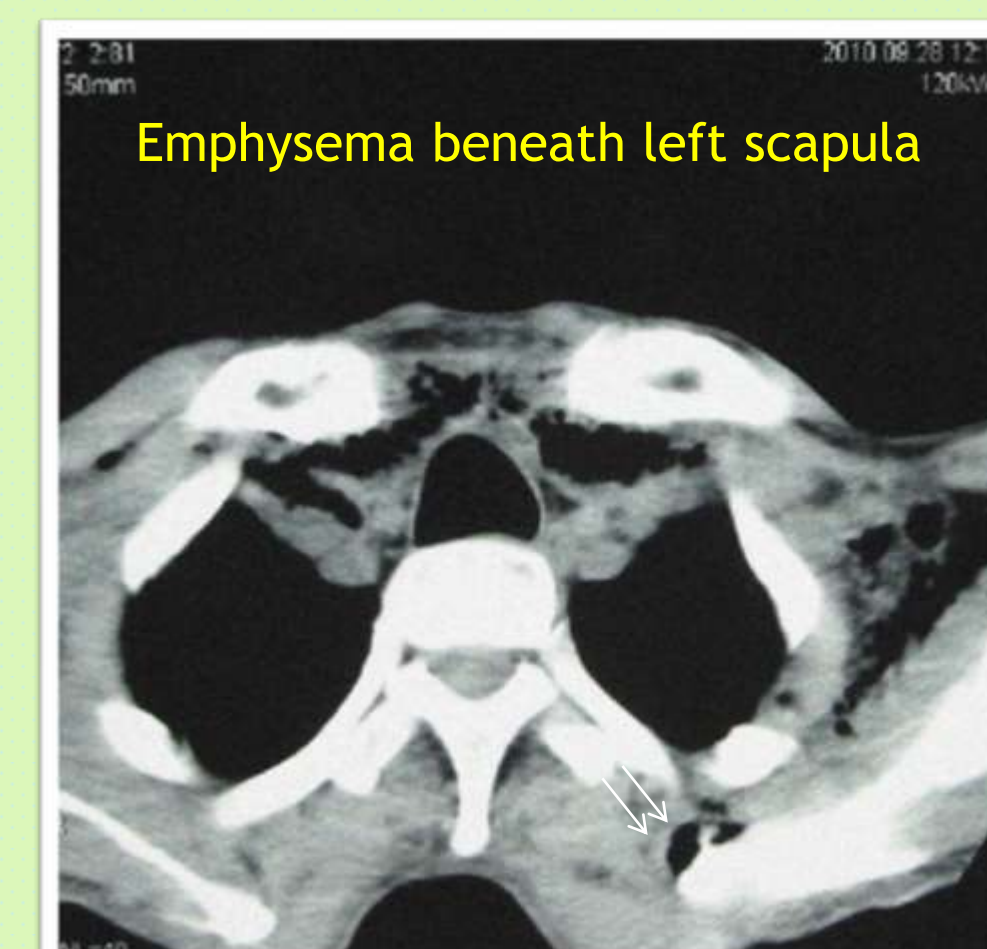
TAKE HOME MESSAGE

Lemierre syndrome is characterised by necrotising fasciitis of head & neck, internal jugular vein thrombosis and rapid spread along Lincoln highway to anterior mediastinum. Early diagnosis is essential to decrease mortality.

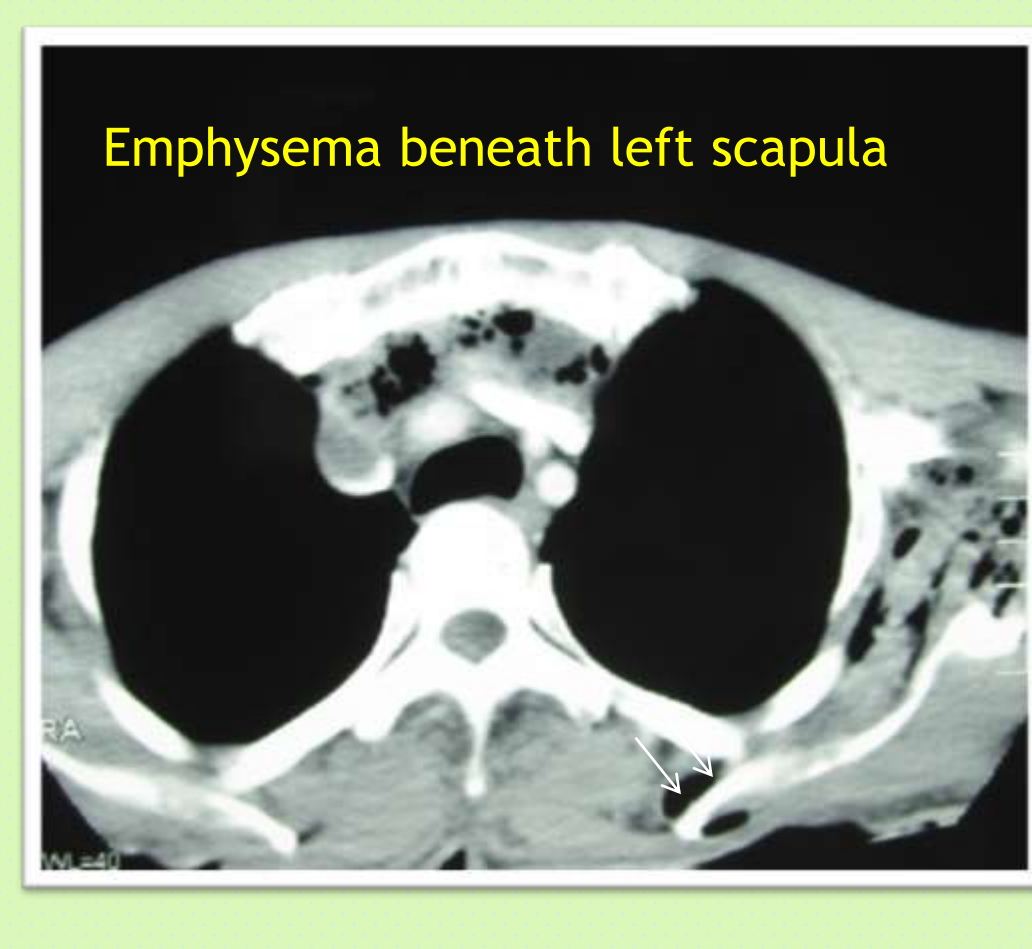
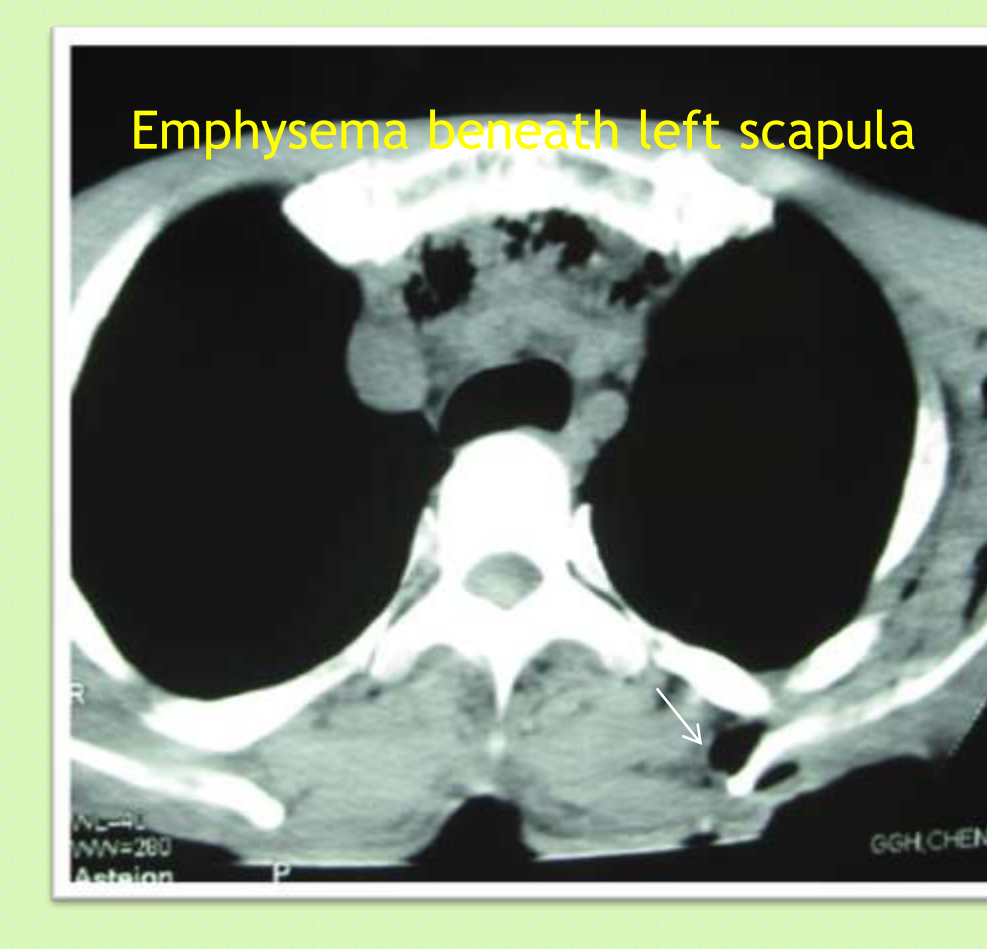
SUPRASTERNAL LEVEL



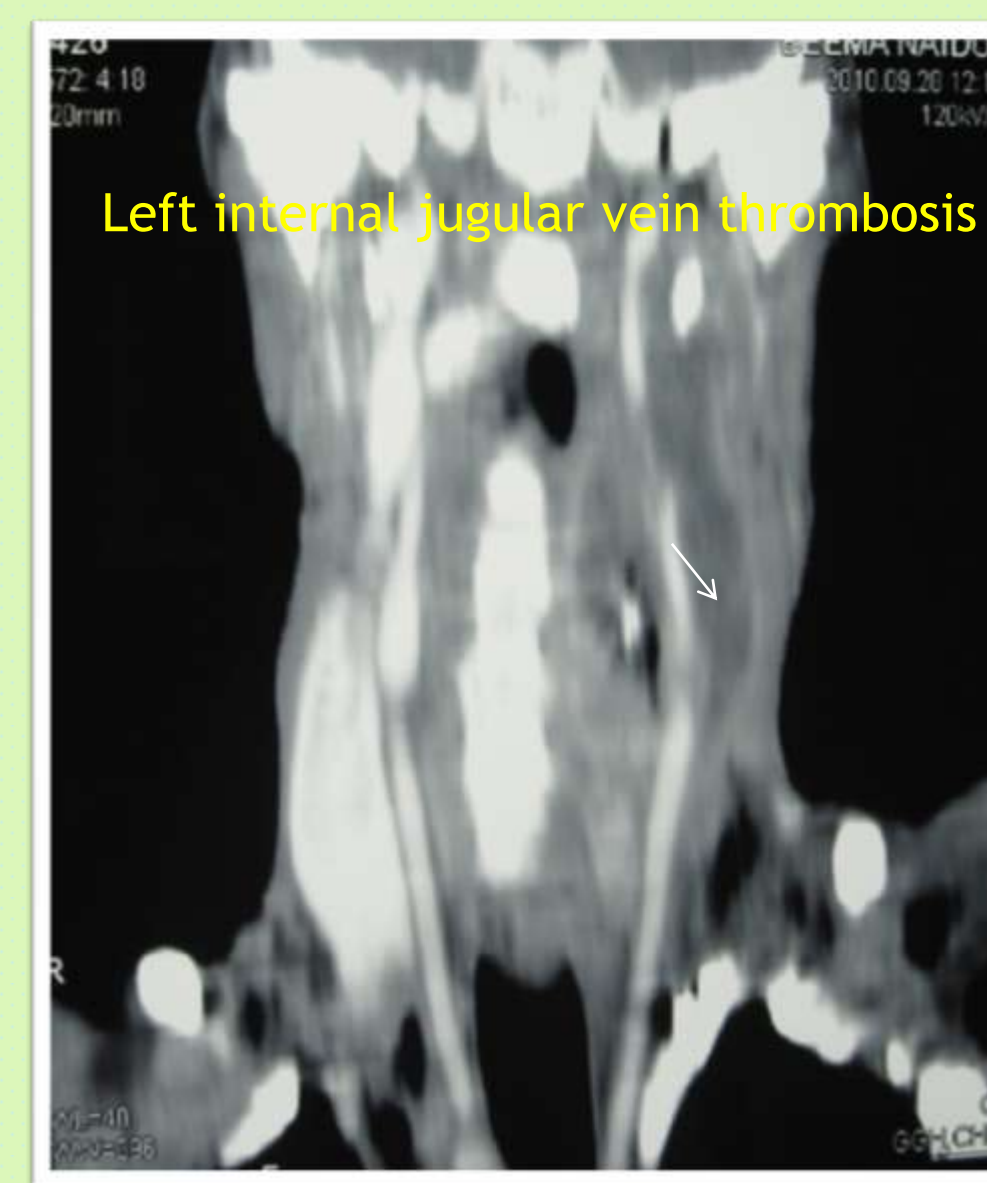
STERNOCLAVICULAR JT. LEVEL



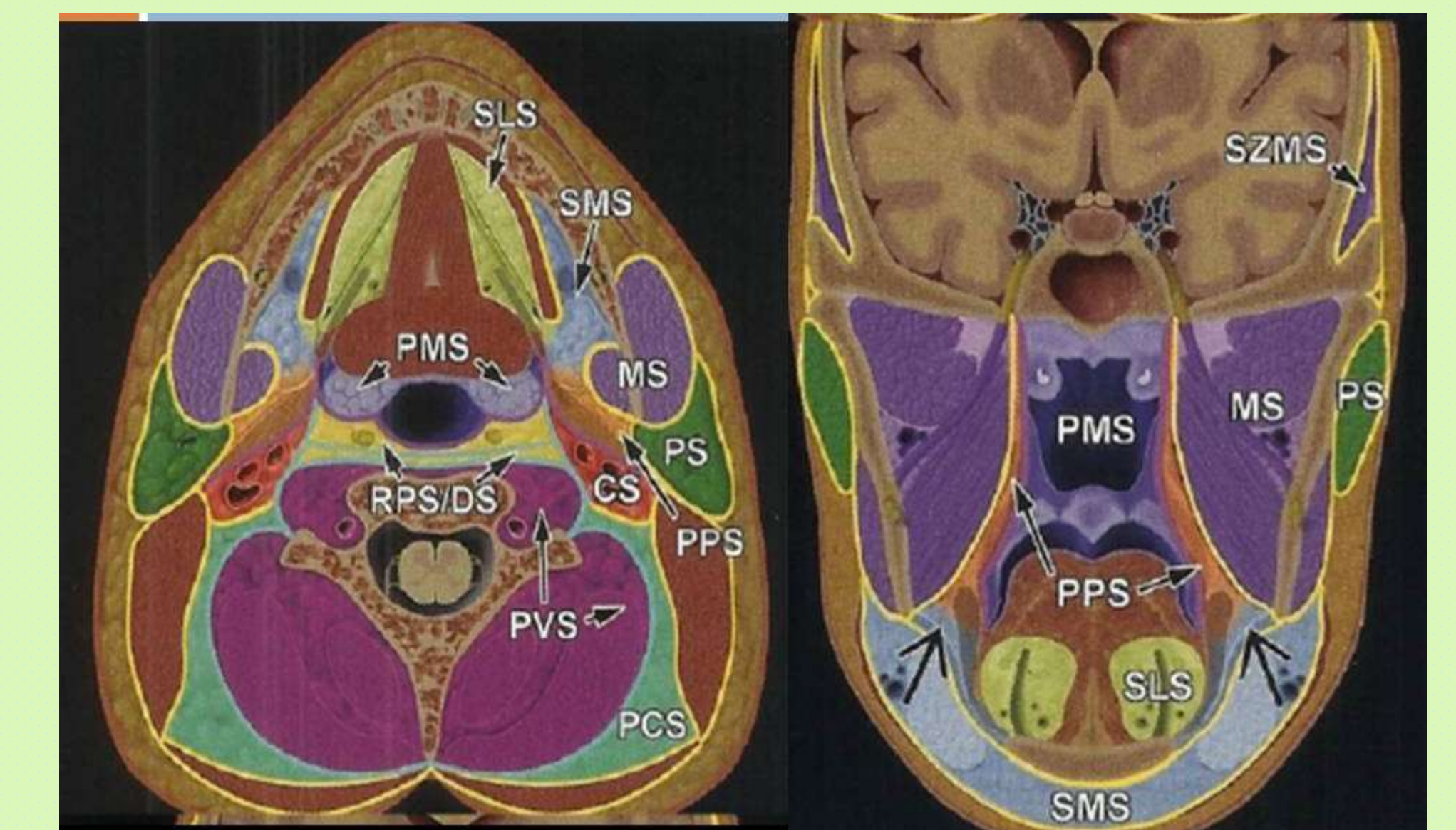
MANUBRIUM LEVEL



CORONAL



NECK ANATOMY



REFERENCES

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2. Nicholas J Screation MRCP, FRCR. November 1999 radiology, 213