中文題目:超音波可能比無顯影的電腦斷層更適合評估腮腺膿瘍

英文題目: Ultrasonography may be a better diagnostic tool than non-enhanced computed tomography for parotid abscess

作 者: 鄭至宏 1 謝孟娟 2 王惠菁 2 陳杏鈞 2 徐慧君 2 陳家閔 3 蔡毓真 3 蔡明儒 3,4 服務單位: 高雄醫學大學附設中和紀念醫院 1 內科部 2 護理部 3 胸腔內科 4 高雄醫學大學醫

學院醫學系

Introduction

Parotid abscess commonly emerges from the progression of acute bacterial suppurative parotitis, which may be caused by contiguous infection or hematogenous seeding. Herein, we present a case of parotid abscess diagnosed by ultrasonography, which is not clearly visible on non-enhanced CT.

Case Presentation

An 86-year-old female, with hypertension and type 2 diabetes mellitus, presented with progressive painful swelling with redness and local heat in left anterior auricular area and the angle of her right jaw for two days. On physical examination, there was an erythematous swelling area with local heat and tenderness measuring 5 cm x 5 cm in her left anterior-to-inferior auricular area, with some pus discharge on it. The non-enhanced CT revealed suspected left parotid tumor with left parapharyngeal space extension and skin involvement. However, ultrasonography showed the enlarged left parotid gland with heterogeneous echogenicity, in which multiple irregular, hypoechoic, and hypovascular partial liquefied abscesses were noted. The patient and family declined the suggestion of surgical intervention due to her old age and multiple comorbidities. Empirical antibiotic treatment with amoxicillin/clavulanate was given. We performed repeated ultrasound-guided percutaneous parotid gland abscess drainage. The blood culture and abscess culture both yielded *Staphylococcus aureus*. Although the infection focus was partially controlled, her hospital course was complicated with massive gastrointestinal bleeding and she died 2 weeks later.

Discussion

Generally speaking, computed tomography (CT) may be the most thorough diagnostic tool, but abscess formation in acute parotitis is sometimes difficult to be identified on non-enhanced CT. Ultrasonography is a widely available tool which may be a better tool to identify the parotid abscess. Our case highlight the need of adequate physical examination with ultrasonography to timely diagnose parotid abscess, which might be invisible on non-enhanced CT.