

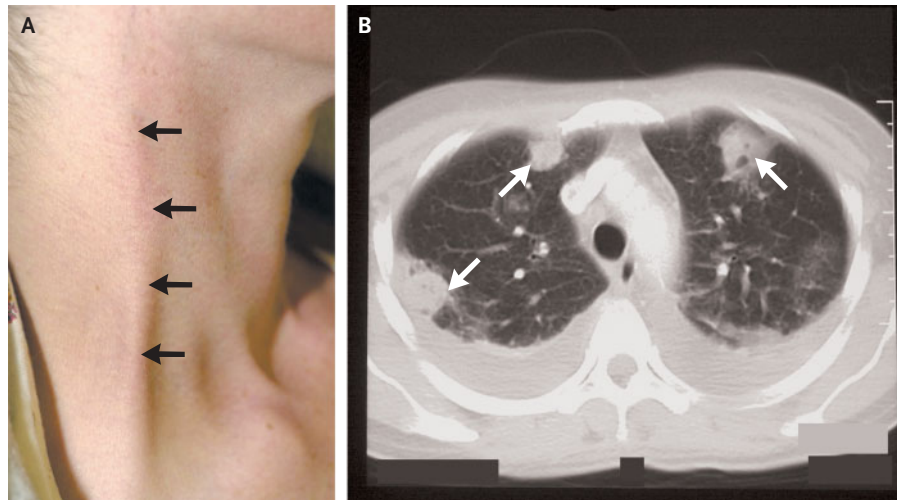
A 35-year-old woman presented with a three-day history of sore throat, painful swelling of the neck, fever, rigor, hemoptysis, and dyspnea.

Examination revealed pustular exudates on the right tonsil and thrombophlebitis of the right external jugular vein (Panel A, arrows).

Computed tomographic imaging of the chest revealed bilateral pleural effusion and multiple areas of consolidation with cavitation (Panel B, arrows). What is the diagnosis?

IMAGES IN CLINICAL MEDICINE

Lemierre's Syndrome



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A 35-YEAR-OLD WOMAN PRESENTED WITH A THREE-DAY HISTORY OF sore throat, painful swelling of the neck, fever, rigor, hemoptysis, and dyspnea. Examination revealed pustular exudates on the right tonsil and thrombophlebitis of the right external jugular vein (Panel A, arrows). Computed tomographic imaging of the chest revealed bilateral pleural effusion and multiple areas of consolidation with cavitation (Panel B, arrows). Doppler ultrasonography confirmed thrombosis of both the external and the internal jugular veins.

Lemierre's syndrome is characterized by disseminated abscesses and thrombophlebitis of the internal jugular vein after infection of the oropharynx. The predominant pathogen is a gram-negative anaerobic bacillus, *Fusobacterium necrophorum*; in this case, the bacillus was isolated from blood culture after two days. The patient had a rapid response to therapy with metronidazole, clindamycin, and enoxaparin. She had recovered completely by three weeks after discharge.

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