

Contents lists available at ScienceDirect

International Journal of Infectious Diseases

journal homepage: www.elsevier.com/locate/ijid

Medical Imagery

Lemierre's syndrome

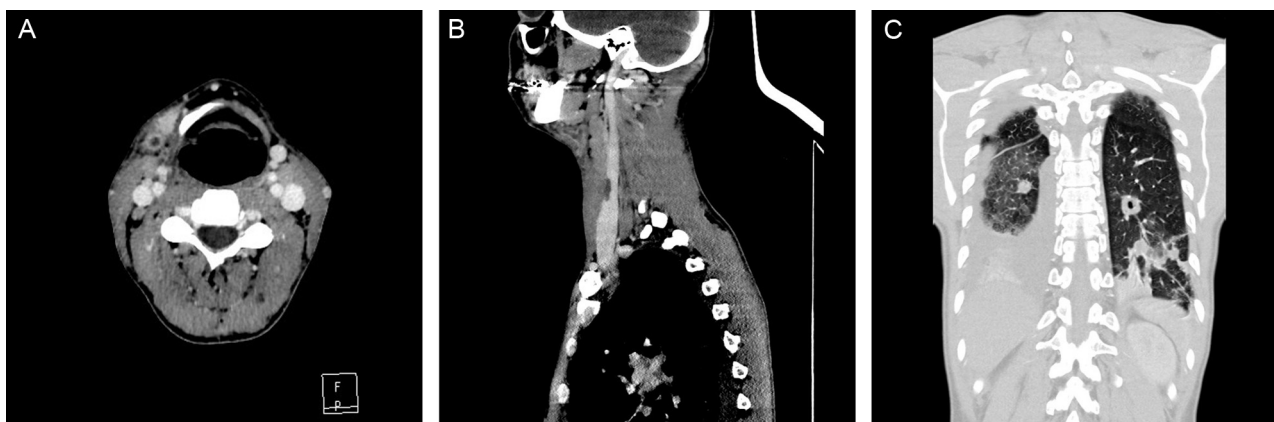


Figure 1. Right facial vein thrombosis with surrounding soft tissue stranding (A, axial view). Right internal jugular vein thrombosis (B, sagittal view). Right-sided pleural effusion, multiple bilateral pulmonary septic emboli (C, coronal view).

A 33-year-old previously healthy male presented with a 1-week history of severe sore throat and fever. He had been diagnosed with acute tonsillitis by his primary care physician and, although not allergic to beta-lactams, had been treated empirically with clarithromycin. On admission he was febrile and dyspneic, with bilateral exudative tonsillitis and symmetrical anterior cervical lymphadenopathy.

Computed tomography revealed a right facial vein thrombosis with soft tissue stranding (Figure 1A), right internal jugular vein thrombosis (Figure 1B), right-sided pleural effusion, bilateral pulmonary infiltrates, rounded areas of consolidation, and a cavitary lesion in the left lower lobe (Figure 1C). *Fusobacterium necrophorum* was isolated from blood culture. The patient was treated with beta-lactams, metronidazole, nadroparin, and empyema drainage. He recovered completely after 5 weeks.

Lemierre's syndrome is a rare complication of oropharyngeal infections and includes internal jugular vein thrombosis with septic emboli, occurring most frequently in the lungs. While *F. necrophorum* (i.e., the typical causative agent) is usually sensitive to beta-lactams, metronidazole, and clindamycin, it is commonly resistant to macrolides.¹ Recent data suggest that *F. necrophorum* could be an important bacterial cause of non-streptococcal group A tonsillitis and that appropriate antibiotic treatment might prevent some cases of Lemierre's syndrome.²

Funding: This work was supported by the Czech Ministry of Defense (Project MO1012).

Conflict of interest: The authors have no conflicts of interest to declare.

References

1. Riordan T. Human infection with *Fusobacterium necrophorum* (necrobacillosis), with a focus on Lemierre's syndrome. *Clin Microbiol Rev* 2007;**20**:602–59.
2. Jensen A, Hansen TM, Bank S, Kristensen LH, Prag J. *Fusobacterium necrophorum* tonsillitis: an important cause of tonsillitis in adolescents and young adults. *Clin Microbiol Infect* 2015;**21**. 266.e1–3.

Marek Stefan^{a,*}
Daniel Klika^b
Ales Chrdle^c
Petr Smejkal^a
Michal Holub^a

^aDepartment of Infectious Diseases, Military University Hospital Prague, Charles University, 1st Faculty of Medicine, U Vojenske nemocnice 1200, Prague, 169 02, Czech Republic

^bDepartment of Radiology, Military University Hospital Prague, Prague, Czech Republic

^cDepartment of Infectious Diseases, Ceske Budejovice Hospital, Ceske Budejovice, Czech Republic

*Corresponding author. Tel.: +420 973 203 667
E-mail address: marekstefan@centrum.cz (M. Stefan).

Corresponding Editor: Eskild Petersen, Aarhus, Denmark.

Received 4 May 2016
Accepted 24 May 2016