

Clinical aspects, diagnosis and treatment of the phlegmons of maxillofacial area and deep neck infections

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Introduction. The problem of maxillofacial and neck tissue inflammatory diseases constantly draws attention of otolaryngologists and maxillofacial surgeons in association with steady frequency of pathology. Despite a modern antibiotic therapy, there still exist cases in which an initial delay in diagnosis and treatment may result in a life-threatening situation. Material and methods. We have analyzed a clinical picture of 219 patients aged from 5 up to 91 years. The patients have been distributed according to the spread of purulent process and the laboratory research data into the following groups. Results. and discussion. In inoculations from a wound during the primary surgical treatment in 67.6% of patients 1 microorganism has been revealed, in 7.9% - 2 microorganisms, in 5% - 3 and more microorganisms, in 19.4% of patients microorganisms have not been revealed. The most frequent cultures extracted from wound contents, were staphylococci and streptococci (61.2%). The presence of mixed (aerobic and anaerobic) microflora in the inflammation center has been marked recently. We have analyzed 64 MRI and X-CT at suspicion on diffusion of purulent process in deep neck cellular space. In 52 patients the process was localized within the limits of neck spaces and in 12 patients - the pyoinflammatory process extended on mediastinum though the clinical suspicion on mediastinitis was only in 10 patients. Conclusions. The treatment of maxillofacial and neck pyoinflammatory diseases and their complications remains a complex and difficult problem. Alongside with clinical methods of diagnosis of maxillofacial and neck pyoinflammatory diseases it is necessary to use accessory methods such as X-CT and MRI which clinical-diagnostic efficiency is very high. An antimicrobial therapy plays a significant role in the treatment of maxillofacial phlegmons. Antimicrobial regimens have been recommended and should cover the polymicrobial etiology.