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Abstract

Odontogenic infection are one of the candidates of common Head-and-neck region infections. In some situation the infection could be life-threatening. Most of the treatments include empirical antibiotic therapy, surgical incision and drainage, and even tracheostomy for airway patency. This case was presented a woman with left facial swelling with trismus and fever up to 38.8°C in 2nd trimester (25 weeks) but the patient rejected to take any radiography due to pregnancy. Cellulitis with deep neck infection was tentatively diagnosed with suspiciously involved submandibular, submental, pterygomandibular, parapharyngeal, buccal and sublingual space. She underwent empirical antibiotic therapy and was soon admitted for observation. Progressively, the situation got worsening, with high fever around 40°C and low blood pressure at the night she just admitted. Thereafter, general weakness, tachypnea and tachycardia were debilitately notable and sepsis with systemic inflammatory response syndrome (SIRS) was suspected. After emergent consultation of the anesthesiologist and obstetrician, extraoral incision and drainage, tracheotomy and extraction of left lower third molar were performed under general anesthesia without any obtainable image. The patient stood the whole procedure well and childbirth after 2 month later went smoothly without any complications. Base on the difficult management of severely infections on pregnant patient in head and neck region, the case was referred as reference for evaluating pregnant cellulitis victims.

Key words: pregnancy, odontogenic infection, deep neck infection, tracheostomy.

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