



## Cervical Cellulites

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### Abstract

A prospective study was carried out on 60 cases of cervical cellulitis observed from June 1, 2019 to April 30, 2020, in the ENT department of the Yaoundé central hospital. The aim of this work was to describe the current clinical aspects and the management in hospital environment of cervical cellulitis. The diagnosis of cervical cellulitis was established by the clinical appearance of the swelling on examination, on examination with the notion of a history of tooth extraction, tooth abscess or abscess of the base of the tongue. The cause was a dental abscess in 45% of cases, peritonsillar phlegmon in 30% of cases, tooth extraction in 12% of cases, abscess of the base of the tongue in 11% of cases, Ludwig's angina in 2% of cases. The patients were hospitalized urgently and antibiotic treatment was instituted on the basis of probabilistic antibiotic therapy. Surgical drainage was done and the necrotic tissue was excised. The evolution was favourable in 90% of cases. We have recorded three deaths. Cervical cellulitis remains frequent due to the heavy use of anti-inflammatory drugs; rapid medical and surgical management is the key to a favourable prognosis.

**Keywords:** Cervical cellulites; Complicate

### Introduction

Cervical cellulitis is a serious complication of a local oral pharyngeal infection; it affects adults and young people. Despite the progress of antibiotic therapy, many patients still die from cervical cellulitis. In our context, the care of patients is generally late. The objective of this study was to assess the profile of cervical cellulitis in hospitals in terms of their clinical and therapeutic characteristics.

### Materials and Methods

The study was carried out at the Yaoundé Central Hospital. It took place from June 1, 2019 to April 31, 2020, i.e. over a period of 11 months. Cervical cellulitis represented 25% of hospitalizations during this period. The age of the patients varied between 18 years, for the youngest and 68 years for the oldest, the predominance was male, 43 men for 17 women. The diagnosis was made on the presence of clinical signs confirmed by a needle puncture bringing back pus chocolate with a foul odor. The sample was sent to the laboratory. Out of 60 samples, only 20 returned. Antibiotic treatment was started on the basis of probabilistic antibiotic therapy and readjusted in those who had

an antibiogram. In 33.33% of cases, drainage of the abscess with incision of the necrotic tissue was done.

### Results

The most affected age group was made up of patients aged 50 to 68, or 70%; the male sex represented 72%. The main reason for consultation was painful cervical swelling in 44 out of 60 cases. It was a dental abscess in 24 out of 60 cases treated with anti-inflammatory drugs, peri-tonsillar phlegmon in 16 out of 60 cases, treated with an anti-inflammatory in six out of 60 cases, and Ludwig's angina in one in 60 cases and an abscess of the base of the tongue in six out of 60 cases. The clinical signs were dominated by an infectious picture, a fever of 39 ° C in 44 out of 60 cases. Weight loss in 24 out of 30 cases, 04 patients came into a wasting state, 28 out of 60 cases had dysphagia with dyspnea. ; Two patients were dyspneic, 58 patients presented with trismus. Other associated signs were: hot, fluctuating painful swelling, foul breath. The clinical picture in three out of 60 cases turned out to be sepsis, three cases of mediastinitis were recorded. Therapeutic management followed probabilistic antibiotic therapy. Penicillin G was used as the first line in these patients;

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## SUNTEXT REVIEWS

Cefuroxime axetil in three out of 30 cases and lincosamine in 06 out of 60 cases was combined with injectable metronidazole. Eight out of 60 patients received an aminoglycoside and 22 out of 30 cases had antibiotic therapy combined with oxygen therapy which was recommended in six of 60 patients, but was not done. Surgical treatment was done in all patients; 24 received simple drainage with washing with Dakin Cooper daily and hydrogen peroxide; 08% had a treatment combining excision of neurotic tissues, washing - drainage with Dakin Cooper and hydrogen peroxide each time with wet dressings; all patients received oral polyvidone iodine mouthwashes (Figures 1-4).

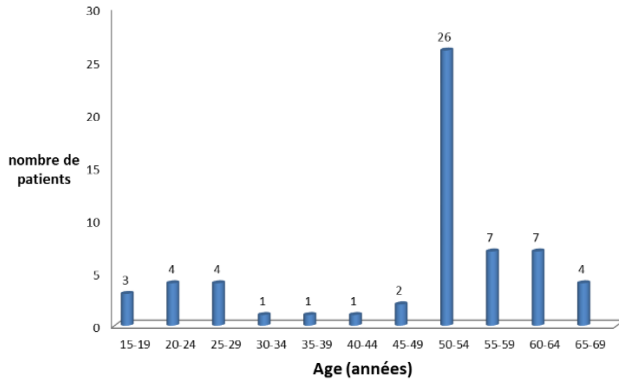


Figure 1: Distribution by age.

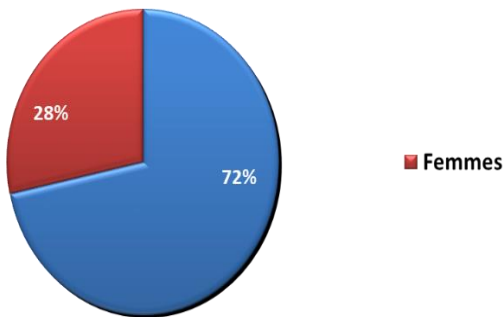


Figure 2: Distribution by sex.

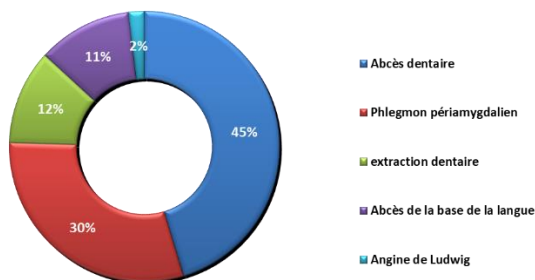


Figure 3: etiologies.

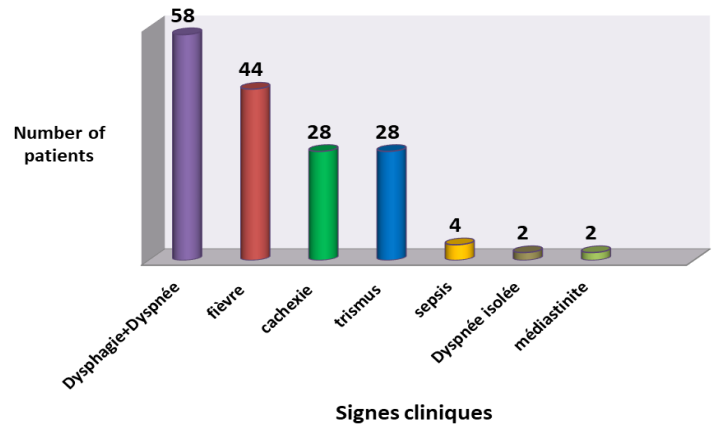


Figure 4: Clinical signs.

## Discussion

According to the literature review, a large male predominance (54 to 80%) was noted, in relation to the results of TIMSIT. Age varies in this study; the average age according to the authors is 40 years [1]. This is a rare pathology which is currently on the rise, as GEHANNON pointed out in 1993 [2].

POTARD, also underlined it. For him, this is a problem of weakening immune defences, since patients self-medicate, especially anti-inflammatory drugs for any pathology; for some, the ethology is due to cross resistance to antibiotics [3]. According to the literature review, whether or not taking steroidal anti-inflammatory drugs, diabetes, immunosuppression or HIV may be the cause of this upsurge [4].

In our study, it was also noted a notion of taking non-steroidal anti-inflammatory drugs. The most implicated germs are: Streptococcus pneumoniae anaerobic bacteria actinomycosis or a combination of aerobic and anaerobic bacteria [5]. Pseudomonas has also been implicated. In this study, an association of aerobic and anaerobic bacteria and Pseudomonas was found. The diagnosis of cervical cellulitis in this context was made on the basis of clinical examination. They all arrived in poor condition in an emergency situation. There were two cases of extensive cellulitis with myonecrosis that progressed to the mediastinum with gangrene and gas crepitus. Two serious phlegmons (gangrenous and pseudo-phlegmonous forms) as described in the literature [6-9]. In view of this study, the prognosis of patients treated with penicillin G, metronidazole and aminoglycoside or clavulanic acid amoxicillin was better than that of patients treated with another antibiotic. Drainage with excision of neurotic tissue, dressing every day has been the key to the therapeutic success of these patients [10]. The death rate was 07 to 50% depending on the study. In this study, there were 04 deaths which were mediastinitis, serious complications according to the authors, potentially life-threatening [11]. Cervical cellulitis is serious and

early treatment of patients is recommended, as is good monitoring of care with appropriate antibiotic therapy. Local twice-daily care with hydrogen peroxide, Dakin Cooper, and dermal polyvidone iodine is recommended; as parenteral treatment, penicillin G, metronidazole and injectable corticosteroids have given satisfactory results. Treatment success depends on all of these factors. This study was conducted to take stock of cervical cellulitis and draw attention to this pathology which is still a very poor prognosis, given the virulence of the germs involved. Anaerobic bacteria and others found in general are sensitive to Penicillin G associated with Imidazoles. Cervical cellulitis is a very serious pathology which is on the rise. The prognosis is improved if the management is correct. It is therefore necessary to have good medical and surgical management. The scanner is recommended for monitoring progress in the event of complications, because it allows a good diagnostic process and better therapeutic management. The treatment is medical and surgical. In extensive cellulitis, multidisciplinary management is necessary.

## Conclusion

Cervical cellulitis remains frequent due to heavy use of anti-inflammatory drugs not associated with adequate antibiotic therapy; rapid medical and surgical management is the key to a favourable prognosis.

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