

3rd International Conference on Clinical Microbiology & Microbial Genomics

September 24-26, 2014 Valencia Convention Centre, Spain

Lemierre's syndrome: The forgotten disease? A case report

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Lemierre's syndrome is characterised by primary oropharyngeal infection, leading to secondary development of septic thrombophlebitis of the internal jugular vein with subsequent septicaemia and metastatic emboli, to which the lungs is one of the most commonly affected organs. Lemierre's syndrome is caused by super infection with *Fusobacterium necrophorum*. *Fusobacterium necrophorum* (*F. necrophorum*) is a non-motile anaerobic gram negative bacilli. In the pre-antibiotic era this syndrome was far more common and was often fulminant and fatal in 7-15 days, with a 90% mortality rate. However with the advent of antibiotics in the late 1940's there was a rapid decline in the number of reported cases of Lemierre's syndrome and it soon became the "forgotten disease". However in the last decade there appears to have been a resurgence of this syndrome, a syndrome that Lemierre was quoted as saying was "so characteristic that mistake was almost impossible". Emergence of antibiotic resistance may explain the recent rise in the number of reported cases. Diagnosis requires radiological confirmation of internal jugular vein thrombophlebitis. The clinical suspicion of IJV thrombophlebitis can be objectively confirmed with modalities such as Computer Tomography (CT) of the neck with contrast, Doppler ultrasonography or Magnetic Resonance Imaging (MRI). CT neck with contrast appears to be the first line and most diagnostic investigation. Treatment involves a prolonged course of intravenous antibiotics, the role of concomitant anticoagulation however still remains controversial. We present a case of an 18 year old Caucasian male diagnosed with Lemierre's syndrome to illustrate its classical presentation, common pitfalls in diagnosis and optimal management. The presentation included several radiological images illustrating the characteristic presentation of Lemierre's syndrome. The aim is to raise awareness amongst clinicians of this potentially fatal but curable disease.

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