



Thyroid Abscess Associated With Pyriform Sinus Fistula

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A 24-year-old previously healthy man presented with a 3-day history of sore throat, dysphagia, and painful neck swelling. On physical examination, his left anterior neck was swollen and tender. Contrast-enhanced computed tomography of the neck revealed a cystic lesion with enhancing walls and tracheal compression (Figure 1). A diagnosis of thyroid abscess was made. The patient received parenteral antibiotic therapy as well as incision and drainage of the abscess. Pus cultures grew *Streptococcus viridans* and *Prevotella buccae*. He improved and was discharged home 10 days later. At 3 weeks after discharge, barium esophagogram was performed and revealed a left pyriform sinus fistula (Figure 2). To prevent recurrence,

surgical removal or chemocauterization of the fistula was recommended to the patient, but he refused. At 5-year follow-up, there was no recurrence of the infection.

Thyroid abscess is a rare but serious infectious disease. It usually occurs in patients with trauma, invasive procedures, immunosuppression, preexisting thyroid disease, or anatomical anomaly (such as pyriform sinus fistula).¹⁻³ For this reason, a search for anatomical anomaly is required after controlling the acute infection in patients without the apparent causes.^{1,2} Pyriform sinus fistula is a rare congenital branchial cleft anomaly, more frequent in the left side, and associated with recurrent neck or thyroid infection.¹⁻³ Surgical removal or chemocauterization of the fistula is recommended to prevent recurrent infection.³



FIGURE 1. Contrast-enhanced computed tomography of the neck revealed a thyroid abscess with tracheal compression (arrow).

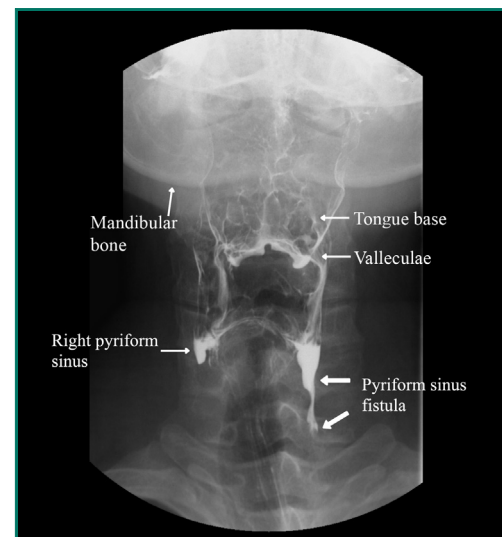


FIGURE 2. A frontal spot image from barium esophagogram revealed a left pyriform sinus fistula.

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