

A case of Lemierre syndrome caused by *Streptococcus dysgalactiae*

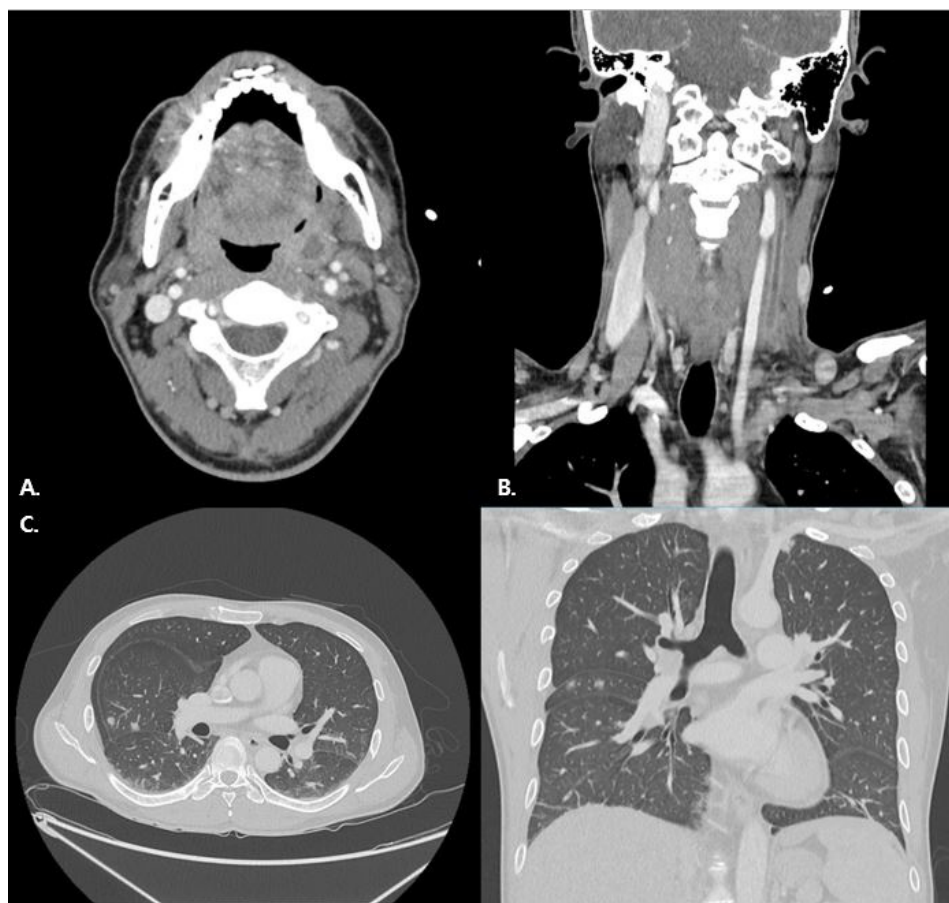
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Background: Lemierre syndrome starts with infection involving pharynx, palatine tonsil or peritonsillar tissue, in young adults. The infection forms septic thrombophlebitis in internal jugular vein (IVJ) and can spread to almost every organ including lung, spleen, liver and kidney. Mostly it is caused by *Fusobacterium necrophorum*, which is normal oropharyngeal flora, and Lemierre syndrome by *Streptococcus dysgalactiae* is rarely reported.

Case presentation: A 41-year-old man without any history visited emergency room with 10 days of fever, chills, general weakness, and neck pain. The patient visited Czech, Austria and Hungary 15 days ago. Blood pressure was 83/43mmHg, heart rate was 90/min and body temperature was 37.6. WBC increased (14, 140/ μ l) and platelet decreased (83, 000/ μ l) in peripheral blood. In cerebrospinal fluid analysis, WBC 0-2/HPF, protein 32.1mg/dL and glucose 62mg/dL were reported respectively. Neck computer tomography showed abscess in left palatine tonsil and thrombosis in intrajugular vein followed by enhancement in vessel walls. Multiple nodules suspicious of septic emboli was revealed in chest computer tomography. As the patient was diagnosed Lemierre syndrome, systemic antibiotics were administered. Later, two separate peripheral blood cultures revealed *Streptococcus dysgalactiae*. In follow-up neck CT performed to confirm airway patency, left palatine tonsil abscess was significantly improved. After six weeks of antibiotics use, follow-up neck sonography will be planned.

Conclusion: *Streptococcus dysgalactiae* is not a common causative pathogen for Lemierre syndrome, however it can be source of infection as it exists on oral cavity as normal flora. Since early antibiotic treatment with proper diagnosis can lead to favorable prognosis, Lemierre syndrome should be considered as a differential diagnosis in young patients presenting with fever and neck pain.



A. Left peri-tonsillar abscess, transverse view B. Left intrajugular thrombosis, coronal view
C. Lung septic embolism, transverse view, coronal view