ISOLATED RETROPHARYNGEAL SPACE EDEMA FROM NEPHROTIC SYNDROME

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ABSTRACT

Isolated retropharyngeal edema from Nephrotic Syndrome

Introduction: Widening of the pre-vertebral space on a lateral neck radiograph is a dangerous sign in ENT practice. The main differential diagnosis is a retropharyngeal abscess. Aseptic effusion into the retropharyngeal space is rare. This article describes a case of nephrotic syndrome manifesting as isolated retropharyngeal space edema simulating a retropharyngeal pseudo abscess. To our knowledge, this is the first such reported case in the literature.

Case Report:

A 32 years old healthy gentleman presented with globus sensation. Laryngoscopy showed bulging of posterior pharyngeal wall partially occluding the larynx. Significant widening of the prevertebral space was seen on lateral neck radiograph. CT scan showed fluid in retropharyngeal parapharyngeal spaces. No suppurative effusion was found intraoperatively. Laboratory investigations showed marked hypoalbuminemia and heavy proteinuria consistent with a diagnosis of Nephrotic Syndrome.

Discussion:

Retropharyngeal abscess is the main differential diagnosis for a finding of prevertebral widening on imaging. Aseptic collection into the retropharyngeal space is rare and reported etiologies include internal jugular vein thrombosis, neoplasia, radiation therapy, hereditary angioedema and myxedema of hypothyroidism. This is the first case report describing nephrotic syndrome as a cause of isolated retropharyngeal edema. Thrombotic occlusion of the pharyngeal venous plexus due to hypercoagulability in nephrotic syndrome is a plausible explanation of this isolated retropharyngeal effusion.

Conclusion:

This case report illustrates a rare presentation of nephrotic syndrome and highlights an uncommon non-infective differential diagnosis of isolated retropharyngeal effusion for which surgical drainage might not have been necessary. Retropharyngeal abscess, a more common condition, presents similarly as retropharyngeal swelling, and being a life threatening condition, needs to be excluded first and dealt with urgently. Decision to drain neck is dependent on clinical signs available at the time of evaluation.

REFERENCES