Post tonsillectomy quinsy

To the Editor

I would like to thank Dr. Al-Kindy for his note on the explanation of post tonsillectomy quinsy (PTQ). I would like to add that I recently treated an unusual case of PTQ in a 45-year-old patient with a 2-month history of tonsillectomy. There was a classical sign of quinsy at the left side and the tonsillar fossa was clear of any remnants. Aspiration and drainage proved the diagnosis. The history was uneventful for any trauma or foreign body. From the above case, the pathogenesis of PTQ was unclear, and I agree with the theory of the persistence of internal tracheal cyst and fistula, or the Weber’s gland theory. This suggestion needs a histopathological study to be confirmed. Finally, I would like to comment on the conclusion of Dr. Al-Kindy (that proper care should be taken when conducting tonsillectomy, especially with a history of quinsy, to excise any associated Weber’s gland and look for any related duct of his that may require neck exploration), when there is no explanation for his suggestion of recurrence of quinsy after tonsillectomy is performed following an attack of quinsy.

Reply from the author

I would like to thank Dr. Al-Barrak for his comments and sharing his case with us. The pathogenesis of PTQ has been clearly explained in the article and I agree with him that the implicated causes, either persistent brachial fistula, cyst or Weber’s gland can only be confirmed by histopathological study.

Sami A. Al-Kindy
ENT Department
NWAF Hospital
Tabuk
Kingdom of Saudi Arabia

References


Erratum

In manuscript “Variants in origin of the left circumflex coronary artery with angiography”, Saudi Medical Journal 2002; Vol. 23 (11) 1390-1393, the authors listed should have appeared as: Ayfer Mavi, PhD, Alper Sercelik, MD, Resat Ayalp, MD, Turan Pestemalci, MD, Talantbek Batyralyiev, MD, Erdem Gumusburun, PhD.