

A SORE THROAT

Sore throats are not usually regarded as life-threatening, but an interesting case was reported in *The Lancet* recently. A 21-year-old man presented to an emergency unit in a British hospital in August 2003. He had a 1-week history of a sore throat, nausea and vomiting and abdominal pain. He was febrile and dehydrated with signs of a chest infection and severe sepsis. On examination he had a tender, swollen neck but no signs of tonsillitis or abscesses. A full blood count showed a thrombocytopenia.

He was treated with oxygen, intravenous fluids, ceftriaxone and clarithromycin. However, the next day he deteriorated and the hospital microbiologist recommended that the antibiotics be changed to gentamicin and levofloxacin. Later that day, anaerobic blood cultures grew Gram-negative bacteria and piperacillin/tazobactam and metronidazole were added to his antibiotic regimen to cover *Pseudomonas* and *Bacteroides*. The gentamicin and ceftriaxone were stopped. After 48 hours, the patient needed ventilation for worsening respiratory failure. A CT scan of his neck showed oropharyngeal oedema and parapharyngeal oedema on the right. Four days after admission the bacteria in culture were identified as *Fusobacterium necrophorum* and *Peptostreptococcus magnus*. A diagnosis of Lemierre syndrome was made. As the fusobacterium was sensitive to penicillin, the levofloxacin was replaced with benzylpenicillin. Review of the original CT showed thrombus in the right internal jugular vein, and CT of the chest showed septic emboli and multiple cavitating lesions.

The patient was ventilated for 18 days, required a tracheostomy, developed bilateral pleural effusions and a left-sided pneumothorax. However, he made a full recovery and was discharged after 5 weeks in hospital. When last seen in February 2004 he was well and in full employment, but still taking warfarin and having regular physiotherapy.

Lemierre syndrome is a relatively uncommon condition, but one which is apparently increasing in frequency in the UK. The syndrome is named after André Lemierre, professor of bacteriology at the Claude Bernard Hospital in Paris, after his review of 20 cases was published in *The Lancet* in 1936. Before antibiotics, the prognosis was terrible, and only 2 of Lemierre's 20 patients survived. Lemierre syndrome is acute oropharyngeal infection with suppurative of the lateral pharyngeal space, bacteraemia and septic thrombophlebitis of the internal jugular vein. This causes septic embolisation with metastatic abscess formation. It is usually caused by

F. necrophorum, and anaerobic bacteria present in normal mucosal flora. The syndrome typically affects otherwise healthy young adults. Severe sepsis and cavitating pneumonia are not always seen, and were probably a result of the delay in presentation and lack of antibiotic treatment in this case. The authors note that the increasing frequency of the syndrome in Britain may well be the result of guidelines restricting antibiotics in the treatment of probable viral infections.

Chapman R, Tully A. *Lancet* 2004; **364**: 112.

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SINGLE SUTURE

NO INCREASE IN QUALITY OF LIFE AS BRITISH PEOPLE LIVE LONGER

People are living longer but the extra years are not lived in good health, according to a recent article in the *BMJ*. British women born in 2001 can now expect to live an average of 80.4 years (v. 76.8 years in 1981) and males an average of 75.7 years (v. 70.9 years). And new information shows that life expectancy is increasing at a faster rate for males than for females. But, when researchers looked at the quality of health in the extra years they found that longer life is not necessarily a good thing. Healthy life expectancy was defined as the expected years of life in good or fairly good health. In 2001 healthy life expectancy at birth was 67.0 years for males and 68.8 years for females. Although these values are slightly higher than for people born in 1981, healthy life expectancy has not been rising as fast as life expectancy. People may be living longer, but the extra years are largely lived in poor health. In 1981, the expected time lived in poor health for males was 6.5 years; by 2001 this had risen to 8.7 years.

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