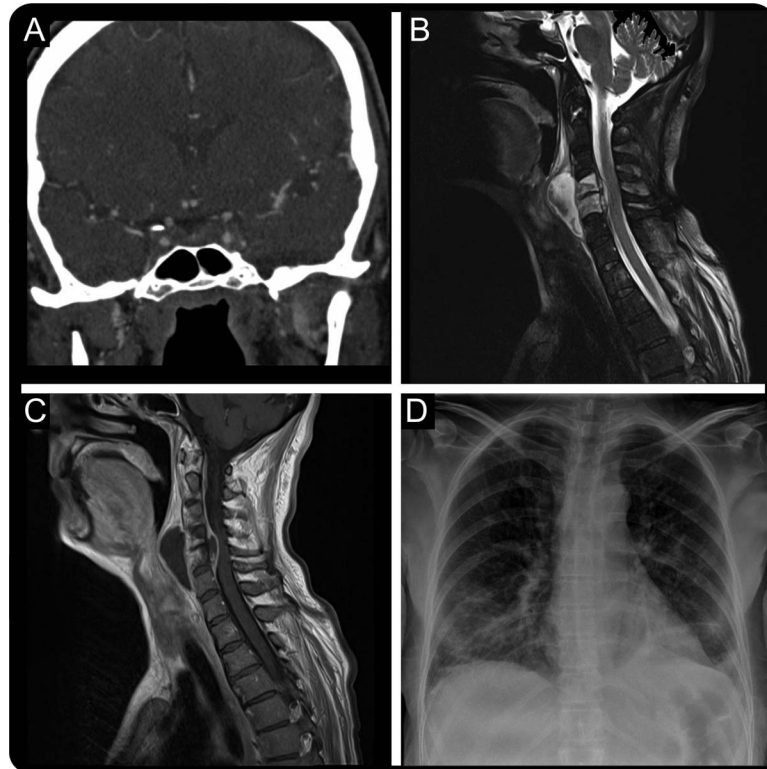


Lemierre syndrome

More than “the forgotten disease”

Figure Chest x-ray, brain CT venous angiography, and cervical MRI



CT venous angiography with scan delay documented a filling defect in cavernous sinus due to a thrombosis (multiplanar reconstruction—coronal view, A). Sagittal T2-weighted MRI (B) and postcontrast T1 sequences (C) reveal a retropharyngeal abscess and an epidural empyema with intense dural enhancement. Chest x-ray shows multiple basal pulmonary opacities (D).

A 54-year-old woman presented with fever, spasmodic torticollis, ptosis, and chemosis in her left eye. CT venous angiography revealed cavernous sinus thrombosis (CST) and left internal jugular vein thrombosis (IJVT) (figure, A), cervical MRI detected a retropharyngeal abscess and epidural empyema (figure, B and C), and chest x-ray showed multiple pulmonary opacities (figure, D). The clinical/radiologic picture, due to anaerobic septicemia, was consistent with Lemierre syndrome (LS), the so-called “forgotten disease.”¹ Extensive neuroimaging studies are mandatory to detect an abscess in the neck of patients with CST and IJVT for early diagnosis and treatment. LS is still relevant today.

Nicola Morelli, MD, Eugenia Rota, MD, Daria Sacchini, MD, Giovanna Ratti, MD, Antonino Cassi, MD, Franco Feraboli, MD, Marina Biondi, MD, Emanuele Michieletti, MD, Donata Guidetti, MD

From the Guglielmo da Saliceto Hospital, Piacenza, Italy.

All authors contributed equally to the manuscript.

Author contributions: Nicola Morelli: study concept or design, accepts responsibility for conduct of research and final approval, acquisition of data. Eugenia Rota: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval, acquisition of data, study supervision. Daria Sacchini: analysis or interpretation of data, accepts responsibility for conduct of research and final approval, statistical analysis. Giovanna Ratti: study concept or design, accepts responsibility for conduct of research and final approval. Antonino Cassi: analysis or interpretation of data, accepts responsibility for conduct of research and final approval. Franco Feraboli: study concept or design, accepts responsibility for conduct of research and final approval. Marina Biondi: analysis or

interpretation of data, accepts responsibility for conduct of research and final approval, acquisition of data. Emanuele Michieletti: analysis or interpretation of data, accepts responsibility for conduct of research and final approval. Donata Guidetti: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval.

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Correspondence to Dr. Morelli: n.morelli@inwind.it

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