Lemierre syndrome
More than “the forgotten disease”

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 with intense dural enhancement (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.”

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.

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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).
interpretation of data, accepts responsibility for conduct of research and final approval, acquisition of data. Emanuele Micheletti: 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.

Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Nicola Morelli, Eugenia Rota, Daria Sacchini, et al.
Neurology 2013;81;1179-1180
DOI 10.1212/WNL.0b013e3182a55f30

This information is current as of September 23, 2013