

A woman with a swollen neck

Dear Editor,

Van Kuilenburg *et al.* present an interesting case of Ludwig's angina.¹ In 1836 Ludwig described five patients with rapidly evolving submandibular infections and these infections are now known as Ludwig's angina. The medical history of a recent dental extraction and the swelling of the submandibular space points to a diagnosis of Ludwig's angina.

I would like to emphasise that it is important at diagnosis to define to which space this infection has spread. In this case, the computed tomography scan points to advanced spread of infection beyond the submandibular and parapharyngeal spaces to the retropharyngeal space. The retropharyngeal space lies near the 'danger space', which descends directly into the posterior mediastinum to the level of the diaphragm.²

Most cases of Ludwig's angina are caused by Gram-positive organisms, mostly *Streptococci* and anaerobes and not Gram-negative rods.² Furthermore, I would like to point

out that the first choice of treatment in different guidelines (Dutch guideline available at www.swab.nl) is high-dose penicillin G in combination with metronidazole or broad-spectrum penicillin with a β -lactamase inhibitor instead of a cephalosporin with metronidazole.

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REFERENCES

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