Introduction

Lemierre’s is defined by:
1. Initial oropharyngeal infection
2. Leads to septic thrombophlebitis of internal jugular vein
3. Complicated by metastatic infectious disease

Case Presentation

- 18-year-old male presents with myalgias and fever
- PMHx: seasonal allergies
- Had a preceding sore throat that self-resolved
- Then with fevers up to 105F, dyspnea and chest pain
- Initial chest CT with solid and cavitary lung nodules
- Neck CT and venous dopplers showed left internal jugular DVT
- Blood cultures grew Fusobacterium spp.
- Treated with ceftriaxone, metronidazole for bacteremia
- Anticoagulation with apixaban
- Resolution of symptoms after 6 weeks

Figure 1:
A: Chest CT revealing bilateral septic emboli
B: CT neck with contrast revealing left internal jugular DVT

Discussion

- Most commonly occurs due to oropharyngeal Fusobacterium species
- End-organ damage seen by abscesses, septic arthritis, septic pulmonary emboli
- Mostly seen in young males with mean age of 19
- Antibiotics using penicillins and metronidazole
- Anticoagulation is not well studied due to rarity, but typically given for 6 weeks

Conclusion

- In patients presenting with recent oropharyngeal illness, presence of embolic phenomena should raise high suspicion for Lemierre Syndrome

References