CONDITION

Peritonsillar abscess

A peritonsillar abscess is a pocket of pus beside a tonsil caused by infection.

WHAT IT IS
Pus-filled infection beside a tonsil

BODY SYSTEM
Throat and upper airway

MAIN SYMPTOMS
One-sided throat pain, fever, muffled voice, difficulty swallowing

WHAT CAUSES IT
Bacterial infection around a tonsil

HOW IT IS DIAGNOSED
Throat examination; needle aspiration confirms pus

MAIN TREATMENT
Drainage, antibiotics, fluids, and pain relief

CAN IT BE CURED?
Yes - treatment usually clears the infection

IS IT AN EMERGENCY?
Sometimes - breathing difficulty or inability to swallow saliva

LONG-TERM OUTLOOK
Usually full recovery, but recurrence is possible

Overview

A peritonsillar abscess is a pocket of pus that forms in the tissues beside a tonsil. It usually affects one side of the throat. The infection can cause marked swelling, severe pain, and difficulty swallowing.

The tonsils are two pads of immune tissue at the back of the throat. An abscess forms when infection spreads beyond a tonsil into the nearby space. It may develop after tonsillitis, although some people do not remember having clear tonsillitis first.

This condition needs prompt medical assessment. Treatment usually involves draining the pus and giving antibiotics like amoxicillin or doxycycline . Most people recover fully, but untreated swelling can make it difficult to drink and, less commonly, can affect breathing or spread into deeper tissues in the neck.

A peritonsillar abscess is sometimes called "quinsy."

Symptoms

Symptoms often develop over several days and are usually much worse on one side. The throat pain may become more severe despite ordinary pain relief or treatment for tonsillitis.

Common symptoms include:

The affected tonsil and surrounding area may look red and swollen. The uvula-the small piece of tissue hanging at the back of the mouth-may be pushed away from the swollen side. This appearance can support the diagnosis, but not every abscess causes a clear shift.

Severe tonsillitis and peritonsillar cellulitis can cause similar symptoms. Cellulitis means inflamed, infected tissue without a formed pocket of pus. A medical examination is needed to tell these conditions apart.

- Severe one-sided throat pain
- Painful or difficult swallowing
- Fever and feeling unwell
- A thick, muffled, or "hot potato" voice
- Difficulty opening the mouth fully, called trismus
- Drooling or spitting out saliva because swallowing hurts
- Ear pain on the affected side, even when the ear is healthy
- Swollen, tender glands in the neck
- Bad breath

Causes and risk factors

A peritonsillar abscess is usually caused by a mixture of bacteria. These may include bacteria that commonly cause tonsillitis, such as group A streptococcus, together with bacteria that normally live in the mouth and throat.

The infection may spread from a tonsil into the tissue around it. Infection of small saliva-producing glands near the tonsil may also play a part.

Factors associated with a higher chance of developing an abscess include:

Anyone with tonsils can develop the condition. It is more often seen in adolescents and

younger adults, but children and older adults can also be affected.

The abscess itself is not passed from person to person. However, some infections that come before it, including streptococcal throat infection, can spread through respiratory droplets or close contact.

- Recent or current tonsillitis
- Repeated episodes of tonsillitis
- A previous peritonsillar abscess
- Smoking
- Gum disease or poor dental health

Diagnosis

A clinician will ask about your symptoms and examine your mouth, throat, neck, breathing, and ability to swallow. They may check how widely you can open your mouth and look for swelling around one tonsil.

In many cases, the symptoms and examination strongly suggest the diagnosis. Needle aspiration can confirm it. During aspiration, a clinician inserts a needle into the swollen area and tries to withdraw pus. This can confirm the abscess and begin draining it at the same time.

Ultrasound may be used if it is unclear whether there is a pocket of pus. It can sometimes be performed from outside the neck or with a small probe inside the mouth.

A CT scan is not needed for every case. It may be used when the examination is difficult, the diagnosis remains uncertain, or infection may have spread into deeper areas of the neck.

Blood tests are sometimes used to assess dehydration, inflammation, or a more widespread infection. A sample of pus may be sent to a laboratory, especially when the infection is severe, unusual, or not improving as expected.

Treatment and management

Treatment aims to drain the abscess, control the infection, relieve pain, and restore safe swallowing.

Most formed abscesses need drainage. This may be done by withdrawing pus with a needle or making a small cut to allow it to drain. Local anaesthetic is generally used to numb the area. Sedation or a general anaesthetic may be needed in some situations, particularly for children or

people who cannot tolerate the procedure while awake.

Antibiotics are used because several types of bacteria may be involved. They may be given by mouth or through a vein, depending on how unwell you are and whether you can swallow. The choice may be adjusted if laboratory testing identifies a particular bacterium.

Fluids are important because painful swallowing can lead to dehydration. If you cannot drink enough, fluids may be given through a vein. Pain relief and, in some cases, medicine to reduce inflammation may make swallowing easier.

Some people can go home after drainage if they can breathe normally, drink fluids, take medicine by mouth, and have reliable follow-up. Hospital care may be needed if there is concern about the airway, significant dehydration, severe infection, or another health condition that increases risk.

Removing the tonsils during the acute infection is not routine for everyone. It may be considered in selected situations. Tonsil removal at a later date may be discussed after repeated abscesses or frequent, severe tonsillitis.

Do not try to puncture or drain the swelling yourself. The area contains major blood vessels, and swelling or bleeding can affect the airway.

Complications

Most people recover without lasting problems when the abscess is treated promptly.

Dehydration is a common concern because swallowing can be very painful. The infection can also return after treatment, particularly in someone who has repeated tonsillitis.

Less common complications include:

Deep neck infection can cause increasing neck swelling, neck stiffness, chest pain, or worsening illness. These symptoms need urgent assessment.

- Swelling that narrows the airway
- Infection spreading into deeper spaces of the neck
- Pneumonia if infected material enters the lungs
- Infection entering the bloodstream
- Bleeding from nearby tissues or blood vessels

Prevention

A peritonsillar abscess cannot always be prevented. It may develop even when a throat infection has been recognised and treated.

Seek medical advice when a severe sore throat is worsening, is mainly on one side, or makes swallowing difficult. Antibiotics do not treat viral sore throats and should only be used when prescribed for a likely or confirmed bacterial infection. If antibiotics are prescribed, take them as directed rather than saving or sharing them.

Not smoking and maintaining good dental and gum health may reduce some associated risks, although neither guarantees prevention.

If you have repeated abscesses or frequent severe tonsillitis, an ear, nose, and throat specialist may discuss tonsil removal. This is intended to reduce future episodes, but surgery has its own risks and is not necessary for everyone.

Living with it and what to expect

A peritonsillar abscess is usually a short-term condition rather than a long-term illness. After effective drainage and antibiotics, pain, fever, and swallowing often begin to improve over the next few days. Recovery time is not identical for everyone, especially if the infection was advanced or dehydration was significant.

Your throat may remain sore after drainage. Soft foods, cool drinks, rest, and appropriate pain relief may help while the tissues heal. Drink regularly if you can do so safely. Avoid smoking because it can irritate the throat.

Complete the prescribed antibiotic course unless the treating clinician tells you to stop or change it. Seek advice if you develop a possible medicine reaction, such as a new rash, or if vomiting prevents you from keeping the medicine down.

A short follow-up is often arranged to check that you can swallow, the swelling is settling, and the infection is responding. This is routine follow-up rather than a sign that long-term illness is expected.

Some people have another abscess months or years later, while many never have one again. Repeated episodes may lead to a discussion about tonsil surgery. Once the infection has resolved, most people return to their usual eating, speaking, work, school, and physical activities without lasting effects.

When to get medical help

Arrange an urgent same-day medical assessment if you have severe one-sided throat pain, a muffled voice, difficulty opening your mouth, or increasing difficulty swallowing. These symptoms can indicate an abscess and should not be managed by waiting for a routine appointment.

Go to an emergency department or call emergency services if you:

After treatment, seek urgent reassessment if pain or swelling is worsening, fever persists, you cannot drink, or breathing or swallowing becomes more difficult.

Routine follow-up is appropriate when symptoms are steadily improving, you can drink and take medicine, and no emergency features are present. Keep any planned review even if you feel better.

- Have difficulty breathing or noisy breathing
- Cannot swallow your saliva or are drooling continuously
- Feel faint, confused, or severely unwell
- Have rapidly increasing throat or neck swelling
- Develop blue, grey, or unusually pale lips or skin
- Have severe neck stiffness or swelling spreading down the neck

Common questions

Can a peritonsillar abscess go away without drainage?

A very small infection without a formed pus pocket may improve with antibiotics. Once an abscess has formed, drainage is usually needed. Because it is difficult to tell an abscess from severe inflammation at home, worsening one-sided throat symptoms need medical assessment.

Is a peritonsillar abscess contagious?

The pocket of pus itself is not contagious. The throat infection that led to it may be spread through droplets, saliva, or close contact. Avoid sharing drinks or utensils, wash your hands regularly, and follow advice about returning to work or school.

Does draining the abscess hurt?

The throat is usually numbed with local anaesthetic first. You may feel pressure, brief discomfort, gagging, or an unpleasant taste as pus drains. The procedure is generally short. Pain often begins to ease once pressure from the abscess is relieved.

Can I eat after the abscess is drained?

You may be able to drink and eat soft foods once the numbing medicine has worn off and swallowing is safe. Follow the instructions given after the procedure. Return for urgent assessment if you cannot swallow fluids.

Will I need my tonsils removed?

Not everyone needs tonsil surgery after one abscess. It may be considered if abscesses recur or if you already have frequent, severe tonsillitis. The decision takes account of your history and the possible benefits and risks of surgery.

Can I get a peritonsillar abscess after having my tonsils removed?

It is possible but uncommon. Small amounts of tonsil tissue or nearby glands can still become infected. New one-sided throat swelling, severe pain, or difficulty swallowing still needs assessment even if your tonsils were removed.

Sources

- Galioto NJ. Peritonsillar Abscess . American Family Physician . 2017;95(8):501-506.
- MSD Manual Consumer Version. Tonsillar Cellulitis and Tonsillar Abscess .
- MedlinePlus Medical Encyclopedia. Peritonsillar abscess . U.S. National Library of Medicine.
- Gupta G, McDowell RH. Peritonsillar Abscess . StatPearls . StatPearls Publishing.
- University of Iowa Health Care. Peritonsillar Abscess Management . Iowa Head and Neck Protocols.