

Lemierre Syndrome: An Unusual Complication of Tongue Cancer

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An eighty-year-old female was admitted to the intensive care unit for hemorrhagic shock due to bleeding tongue malignancy. Clinical assessment revealed infected neoplastic lesion. Blood cultures on admission revealed Streptococcus spp. The diagnosis of Lemierre syndrome was suspected. Therefore, an ultrasound Doppler was performed and revealed thrombosed right internal jugular vein. The patient had a favorable outcome and improved with appropriate antimicrobial treatment.

DISCUSSION

Lemierre syndrome was first described by André Lemierre in 1936². The syndrome is a triad of oropharyngeal infection, anaerobic septicemia and internal jugular vein thrombosis⁶. Pharyngotonsillitis and peritonsillar abscess are the commonest sources of infection^{2,7}. However, other sources such as dental infection, sinusitis, postoperative complication of maxillofacial surgery and intravenous drug abuse have been reported as possible triggers of Lemierre syndrome^{8,9}. *Fusobacterium necrophorum* a Gram-negative anaerobe microorganism is isolated in 70% to 80% of the cases and positive blood culture^{9,10}. However, *Streptococcus* spp, *Peptostreptococcus* spp, *Bacteroides* spp and methicillin-resistant *Staphylococcus*

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