



Ludwig's Angina



- Aka Angina ludovici, angina maligna, M. Strangularis
- Named after German Wilhelm Friedrich von Ludwig in 1836
- Rapidly expanding inflammation of the submandibular, submental and sublingual smooth connective tissue
- Bloating can cause obstruction of upper airways
- → potentially life threatening !

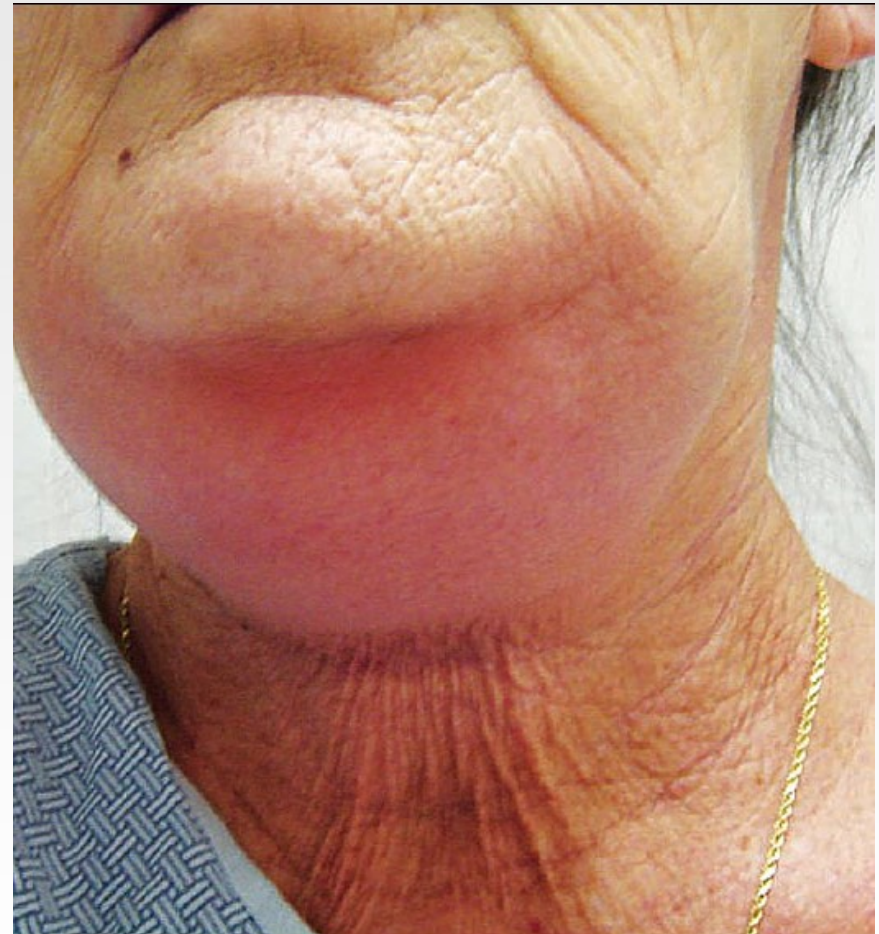


result of extracellular exudate

Tongue is displaced on the palatina which forces the mouth open

Further:

Neck swelling, dysphagia, breathing difficulties can lead to life threatening situation



Figure—Submandibular and sublingual erythema and swelling typical of Ludwig's angina.



- Bacterial infection incl.: Streptococci, staphylococci, gram-neg., anaerobic organism
- Infection starts usually at the lower molars (3rd)
- Mainly observed in patients with impaired immunity such as: immunocompromised (chemo therapy, cortisol treatment) malnutrition, diabetes etc.
- Also seen in patients after lingual frenulum piercing procedure.



- Airway monitoring is mandatory
- Nasotracheal tube for ventilation. CAVE: Tracheostomy is not indicated, to keep the infection from spreading further
- Parenteral antibiotics: high dose Penicillin G or Clindamycin
- Incision and drainage of the oedema



- Potentially life threatening infection
- Mostly seen in immunocompromised patients
- Symptoms lead from pain, bleeding, fever to severe swelling of the neck and airway obstruction.
- Airway maintenance is compulsory
- High dosed antibiotics, surgical incision and drainage



Thank you for your attention