Subperiosteal orbital abscess secondary to rhinosinusitis recently reported the emergence of gram negative extended spectrum beta lactamase (ESBL) bacteria which make it more complicated due to antibiotics resistant. Deep neck abscess caused by dental infection is common case in spite of widespread use of antibiotics. It can spread and damage the adjacent vital structure thus still remain a life threatening and challenging disease.

A 38-year-old male, previously healthy, admitted with progressive left neck swelling and trismus since 10 days prior. History of recurrent left lower toothache lasted for a month, subsequently placed on systemic antibiotics and analgesics. He also reported a year history of nasal blockage and facial pain, symptoms worsened in last 7 days with left nasal mucopurulent foul smelling rhinorrhea, fever and swollen on left eye and cheek. Management requires deep neck abscess surgical drainage, odontectomy and functional endoscopic sinus surgery (FESS).

Empiric antibiotic using ampicillin sulbactam. Intraoperative cultures of purulent drainage from sinus revealed *Klebsiella pneumoniae* with positive ESBL and sensitive to meropenem while from deep neck abscess found *Citrobacter koseri* and sensitive to ceftriaxone.

Subperiosteal orbital abscess and deep neck abscess due to bacterial opportunistic infection is related to the virulence of the causative agents and immunologic resistance of the host. CT scan is indicated to evaluate the extension of the infection while the management depends on the cause and severity. Impairment of vision, periorbital erythema, proptosis, and radiological findings indicated an immediate surgical approach to avoid devastating morbidity. Similar with subperiosteal orbital abscess, deep neck abscess should be treated with intravenous antibiotics in addition to surgical drainage of abscess. 1,2

This case highlighted, the unexpected complication of dental infection which is very rare because it was found simultaneously and the need of a prompt medical and surgical approach to achieve a good prognosis.

References:
1. Ibrahim Ketencı, Yas_ar Unlu, Alperen Vural, Hakki Dog’an, Approaches to subperiosteal orbital abscesses, Eur Arch Otorhinolaryngol. 2013; 270:1317–1327.