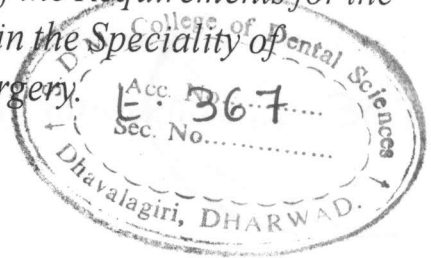


MORBIDITY AND MORTALITY ASSOCIATED WITH LUDWIG'S ANGINA



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In the pre-antibiotic era, infections of the deep fascial spaces of the head and neck were fairly common and a source of considerable morbidity and mortality. Although the advent of antibiotics has reduced the overall number of deep neck space infections. They still occur in whom an improper or delayed dental treatment has done which causes significant morbidity and mortality. These type of untreated dental infections spread rapidly to deep neck spaces in uncontrolled diabetic and immunocompromised individuals like Acquired immunodeficiency syndrome (AIDS) and patients taking chemotherapy.

These infections of deep fascial spaces of the head and neck can produce complications including airway obstruction, necrotizing fascitis and rapid spread to adjacent areas such as orbit, cranium, mediastinum and thorax. Airway compromise is perhaps the most commonly described complication of head and neck infection and is classically associated with "Ludwig's Angina".⁶

Ludwig's angina was best described by Wilhelm Friedrich Von Ludwig in 1836. He described this as a rapidly progressive gangrenous cellulitis originating in the region of the submandibular gland that extends by continuity rather than lymphatic spread and shows no special tendency to form abscesses¹⁸. The infection may progress to fatal airway obstruction very rapidly. Apathy named