

Clinical Image

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Acute suppurative parotitis in a 4-month-old infant

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Abstract

Acute suppurative parotitis is a rare condition in infants, typically presenting with unilateral preauricular swelling, fever, and feeding difficulties. A 4-month-old infant with prematurity history was diagnosed based on clinical findings, ultrasound, and purulent discharge from Stensen's duct. Methicillin-sensitive *Staphylococcus aureus* was identified, and symptoms resolved with intravenous antibiotics. Early recognition and treatment are essential to prevent complications and surgical intervention.

Keywords: Parotitis; *Staphylococcus aureus*; Preterm Infant; Anti-bacterial agents.

Clinical presentation

A 4-month-old infant with a history of prematurity presented to the emergency department with feeding refusal, irritability, and fever (38.4°C). Examination revealed swelling and erythema in the right preauricular region, and an underlying mass that, on palpation, elicited purulent discharge from the ipsilateral Stensen's duct (Figure 1).

Laboratory tests showed leukocytosis (21 200/uL with 55% neutrophils), and elevated C-reactive protein (5,7 mg/dL). Ultrasound of the parotid gland revealed enlargement and heterogeneity, with reactive lymphadenopathy but no evidence of abscess formation.

The infant was admitted and started on intravenous amoxicillin-clavulanic acid and clindamycin. Apirexia was achieved by the second day of hospitalization, with gradual resolution of other symptoms. Microbiological exam from the purulent discharge grew Methicillin-Sensitive *Staphylococcus Aureus* (MSSA), leading to discontinuation of clindamycin after 5 days of therapy. Blood culture was negative. The infant completed a 10-day course of antibiotics and was discharged without symptoms and tolerating oral feeds. No further admissions or recurrence on a two-year follow up period.

Discussion

Acute suppurative parotitis is an uncommon pediatric condition, with most cases reported in the neonatal period [1]. It typically presents as unilateral swelling over the mandibular angle, often accompanied by fever and feeding difficulties. Purulent drainage from the Stensen's duct is pathognomonic but is seldom observed.

The most frequently isolated pathogen is *Staphylococcus aureus*, followed by other gram-positive cocci and, less often, gram-negative bacilli and anaerobic agents [2,3]. Diagnosis relies on clinical findings supported by imaging, with ultrasound serving as the first-line modality [4]. Early initiation of antibiotics can prevent complications and reduce the need for surgical intervention. Although prematurity and dehydration are recognized risk factors, the association with immunodeficiency remains unclear.

This case highlights the importance of recognizing acute suppurative parotitis beyond the neonatal period. Further studies are needed to better characterize this condition in older infants.

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Figure 1: Purulent discharge from Stensen's duct.

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