Vincent’s Angina

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An 18-year-old woman who had undergone a kidney transplant for juvenile nephronophthisis five years previously visited our hospital with a complaint of pharyngalgia. She had been receiving immunosuppressant therapy with tacrolimus hydrate, mycophenolate mofetil, and methylprednisolone. A simple observation of the oral and pharyngeal cavity showed ulcers with grayish white pseudomembrane in the left soft palate (Picture 1). A microscopic examination of the smear specimen from the pseudomembrane revealed spirochete-like twisted shaped organisms (Picture 2, arrow) and *Fusobacterium*-like Gram-negative rods (Picture 2, arrowhead). A diagnosis of Vincent’s angina was thereafter confirmed.

*Prevotella* sp., *Bacteroides* sp., *Fusobacterium* sp., *Veillonella* sp., *Eubacterium* sp., *Micromonas micros*, and *Peptostreptococcus anaerobius* were detected from the cultures of the specimen. The patient was treated with ampicillin/sulbactam intravenously and her symptom improved over the course of a couple of days. Vincent’s angina, which is a pathological condition colloquially known as trench mouth, is an acute necrotizing infection of the oral cavity and the oropharynx (1, 2). It is bacteriologically characterized by the symbiosis between a fusiform bacillus and a spiroillum (1). Immune incompetence may be one of the risk factors for this condition (2).

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References