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Case of the Month

Recurrent Tonsillitis and Secondary Post-Tonsillectomy Haemorrhage: A Case Report

Abstract

This article presents the case of a 19-year-old university student with recurrent tonsillitis and multiple peritonsillar abscesses (quinsies), who underwent tonsillectomy following a period of significant morbidity. Her post-operative course was complicated by a secondary haemorrhage on day eleven, necessitating surgical intervention. The case highlights the importance of individualised surgical decision-making and pre-operative counselling regarding the risks and post-operative journey.

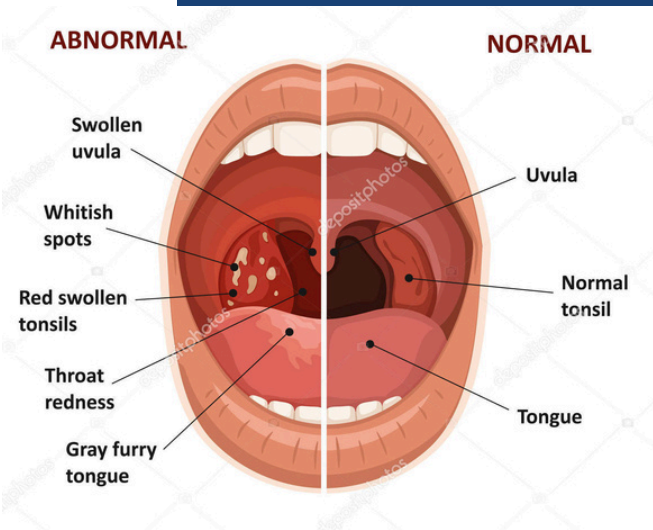
Introduction

Recurrent tonsillitis is a common indication for tonsillectomy in adolescents and young adults. Clinical guidelines(SIGN), typically recommend surgery after seven or more clinically significant episodes per year, or five per year over two years. However, in some cases, earlier intervention may be justified due to complications such as peritonsillar abscess (quinsy), impact on quality of life, or recurrent hospital admissions. Post-tonsillectomy haemorrhage remains a well-recognised risk, occurring in approximately 5% of patients, with the highest risk between days 5–14 post-operatively. This article reports a case that illustrates these issues in practice.

Learning Box

SIGN Criteria for tonsillectomy:

- 7 or more significant sore throats in the preceding 12 months.
- 5 or more episodes in each of the preceding two years.
- 3 or more episodes in each of the preceding three years.



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Case Presentation

History

A 19-year-old university student presented with a history of recurrent tonsillitis. In March 2025, she developed a persistent infection, followed by three episodes of quinsy within a four-week period. Each episode required hospital admission and intravenous antibiotics, with pus aspiration performed during the second and third admissions. Before this, her infections had been infrequent, averaging one self-limiting episode per year. She reported frequent sore throats but did not require regular antibiotics. She had no other significant past medical history.

Examination and Initial Management

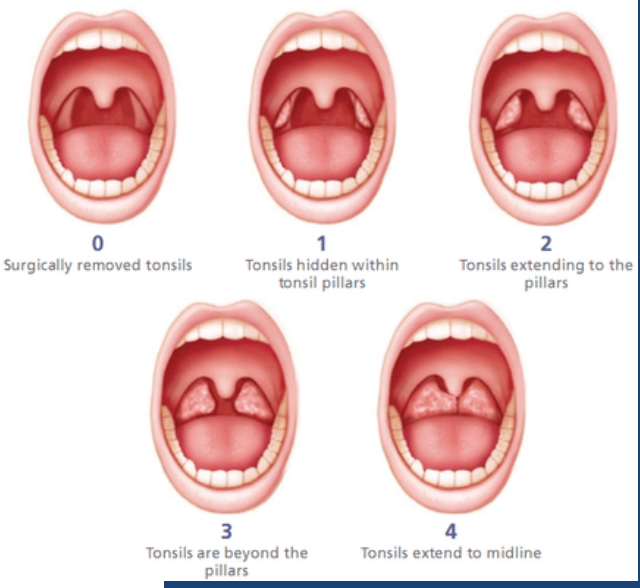
Oropharyngeal examination revealed grade 2 tonsils with residual inflammation but no evidence of abscess. She was treated with antibiotics, advised on infection control, and counselled regarding the risks and benefits of tonsillectomy. Although she did not meet the strict numerical criteria for surgery, the frequency and severity of her recent episodes, including multiple quinsies, indicated significant morbidity. A follow-up consultation was arranged to review her progress and assess the suitability of tonsillectomy.

Learning Box

Strep Throat Common Symptoms

- **Sudden sore throat**
- **Pain with swallowing**
- **Fever (often >101°F / 38.3°C)**
- **Red, swollen tonsils ± white patches or streaks of pus**
- **Tender swollen lymph nodes in the neck**
- **Tiny red spots on the roof of the mouth (petechiae)**
- **No cough (cough usually suggests a viral cause)**

Learning Box



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Pre-Operative Planning

At follow-up, she reported eight courses of antibiotics within three months. Due to the recurrent nature of her infections and the complications she had experienced, she was very keen to explore tonsillectomy as an option. A decision was made to proceed with a day-case tonsillectomy, with a planned two-week recovery period. Pre-operative investigations included a full blood count, thyroid function tests, vitamin D and B12 levels, and an immune profile to explore possible underlying contributors to recurrent infections, particularly given the short timeframe in which they had occurred.

Surgical Intervention and Post Op Recovery

Tonsillectomy was performed under general anaesthesia in August 2025. The immediate post-operative course was uneventful, and she was discharged with a routine follow-up appointment scheduled for six weeks later. Antibiotics are not routinely given during or after this operation unless there is evidence of intra-operative infection. Patients are usually discharged with strong analgesics, as post-operative pain can be quite intractable.

Despite an initially good recovery, on post-operative day eleven she developed a secondary post-tonsillectomy haemorrhage. This required hospital readmission via her local A&E and a return to theatre for haemostasis. No blood transfusion was necessary. She was discharged on tranexamic acid and oral antibiotic therapy for 7 days.

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Follow-Up and Outcome

At follow-up in mid-September 2025, she reported good recovery, with only mild discomfort on yawning. Examination revealed well-healed tonsillar fossae with no evidence of infection. She was discharged from ENT care. Despite the complication, she was very happy with the outcome of the operation and anticipated long-term health benefits.

Conclusion

This case underscores the importance of tailoring tonsillectomy decisions to the individual clinical context rather than relying solely on numerical guideline thresholds. While evidence-based criteria remain essential for standardising care, clinicians must balance these with the real-world impact of recurrent infections, including morbidity, repeated hospital admissions, and the cumulative physical and psychosocial burden on young adults.

In this patient, the cluster of quinsies over a short period represented a clear deviation from her baseline pattern of illness and justified earlier operative management.

Furthermore, this report highlights the importance of coordinated, multidisciplinary care, particularly for young adults living away from home who may experience barriers to timely assessment and follow-up. Ensuring clear communication between primary care, emergency services and ENT teams facilitates safe peri-operative planning and enhances patient confidence in navigating complications should they arise.

Overall, the case demonstrates that tonsillectomy, when carefully selected and appropriately supported, can offer substantial long-term benefits for patients with high-burden disease. Continued emphasis on personalised decision-making, comprehensive patient education, and vigilant post-operative monitoring is essential to achieving optimal outcomes in this commonly performed surgical procedure.

Any further questions or learning points please contact Ms Ali.

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