

# Do steroids speed recovery after drainage of a quinsy: a randomised, placebo-controlled trial

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		<input type="checkbox"/> Protocol
<b>Registration date</b> 27/08/2008	<b>Overall study status</b> Stopped	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 28/11/2012	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
07855752109

## Study information

**Scientific Title**  
Single dose dexamethasone following aspiration of a peri-tonsillar abscess: a randomised, placebo-controlled trial

## **Study objectives**

Peri-tonsillar abscess is a common cause for emergency admission to an "Ear, Nose and Throat" (ENT) ward. In Raigmore there are 2-3 admissions per week with a quinsy. The standard management is needle aspiration under local anaesthetic, commonly performed in the ward treatment room. The patient would normally be admitted to the ward for intravenous antibiotics and fluid until they were able to resume a satisfactory oral intake. The length of admission depends very much on the speed of recovery and resumption of normal oral intake; this can vary from 6 hours - 48 hours.

Null hypothesis: There is no difference in the rate of recovery between patients given dexamethasone and those given saline after aspiration of a peri-tonsillar abscess.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

To be submitted to the Highland Research Ethics Committee as of 23/07/2008

## **Study design**

Double-blind, randomised, placebo-controlled, single-centre trial

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Peri-tonsillar abscess (quinsy)

## **Interventions**

Antibiotics (intravenous [IV]) + dexamethasone 8 mg (single dose) vs antibiotics (IV) + placebo

Standard antibiotics treatment would be benzyl-penicillin 1.2 g four times per day (qds) or clarithromycin 500 mg three times per day (tds) if allergic to penicillin.

Please note that this trial was stopped in February 2011 due to problems with recruitment and funding.

## **Intervention Type**

Other

## **Phase**

Not Specified

## **Primary outcome(s)**

1. Time to resumption of oral intake of fluids and solids
2. Time to resolution of fever
3. Time to resolution of pain

## **Key secondary outcome(s)**

Improvement in inter-incisor distance (i.e. mouth opening as surrogate marker for improvement), measured every 4 hours.

**Completion date**

01/10/2009

**Reason abandoned (if study stopped)**

Participant recruitment issue

## Eligibility

**Key inclusion criteria**

1. Patient with pus aspirated from peri-tonsillar abscess
2. Both males and females, age over 16
3. Minimum body weight of 40 kg

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Children less than 16 may not be able to consent themselves to the study so will not be included
2. A body weight of less than 40 kg means the proposed dose of 8 mg dexamethasone is too high
3. Pregnancy
4. Inability to consent
5. Current symptomatic peptic ulcer

**Date of first enrolment**

01/10/2008

**Date of final enrolment**

01/10/2009

## Locations

**Countries of recruitment**

United Kingdom

Scotland

**Study participating centre**  
**Department of Otolaryngology**  
Inverness  
United Kingdom  
IV2 3BG

## Sponsor information

### Organisation

Raigmore Hospital (UK)

### ROR

<https://ror.org/05apdps44>

## Funder(s)

### Funder type

Research organisation

### Funder Name

Grant application has been submitted to the Otolaryngologic Research Society (<http://www.ors.uk.net/>) (UK). Decision pending as of 23/07/2008.

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes