A 40-year-old woman presented with sudden onset of a painful neck swelling, fever and dysphagia. Examination revealed a warm, tender lump in her thyroid gland. Five weeks previously, she had had an abdominal hysterectomy with bilateral salpingo-oophorectomy for pelvic inflammatory disease. There was no evidence of leukopenia or diabetes. Computed tomography and x-ray images were consistent with a diagnosis of thyroid abscess (Figure 1 and Figure 2).

Anaerobic culture of a fine needle aspiration of pus confirmed the presence of *Bacteroides fragilis*. After failing twice to resolve the lump by aspiration, and incision and drainage, a left thyroid lobectomy was performed, with a satisfactory outcome. Antibiotics cefotaxime and metronidazole were administered after operation.

There are about 400 cases of acute supplicative thyroiditis reported in the medical literature, but *Bacteroides fragilis* as the causative agent has been documented only once before. More than two-thirds of the women and half of the men with acute supplicative thyroiditis have pre-existing thyroid disease. Acute supplicative thyroiditis may be secondary to bronchial cleft fistula, pyriform sinus fistula, thyroglossal duct, HIV/AIDS, diabetes, or leukaemia.

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