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IMAGES IN EMERGENCY MEDICINE

Imaging, Infectious Disease

Man with fever and sore throat

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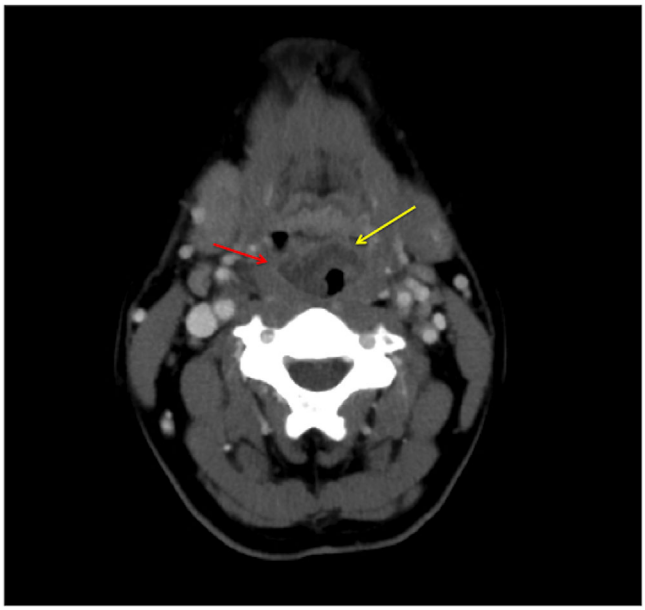

FIGURE 1 Axial contrast-enhanced computed tomography image shows displacement of the swollen epiglottis (yellow arrow) to the left because of the low-density lesion on the right side (red arrow)

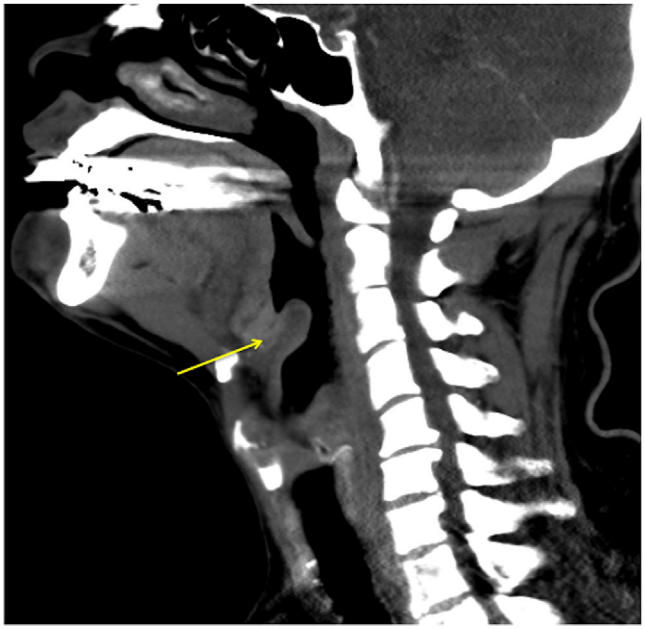

FIGURE 2 Sagittal contrast-enhanced computed tomography image shows the swollen epiglottis (yellow arrow)

1 | PATIENT PRESENTATION

A 47-year-old man with hypertension presented to a primary care clinic with a 3-day history of fever, sore throat, odynophagia, and hoarseness. Additionally, he experienced breathing difficulties at night despite taking levofloxacin (500 mg/day) for 2 days. On arrival to our hospital, he was afebrile and hemodynamically stable. His respiratory rate was 18/min, without a stridor. The anterior neck region was swollen and tender, without erythema or enlargement of the thyroid gland and lymph nodes. His airway could be maintained even in the supine position. Contrast-enhance computed tomography showed swollen epiglottitis with abscess (Figures 1 and 2).

2 | DIAGNOSIS

2.1 | Epiglottic abscess

We referred the patient to an otolaryngologist, who immediately drained the abscess with forceps under endoscopic guidance (Figures 3

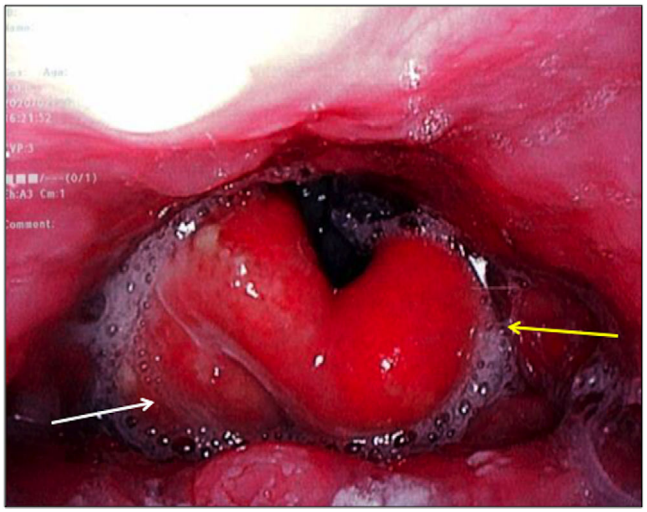

FIGURE 3 Laryngoscopic findings show edematous epiglottis (yellow arrow) and right-side swollen epiglottis (white arrow)

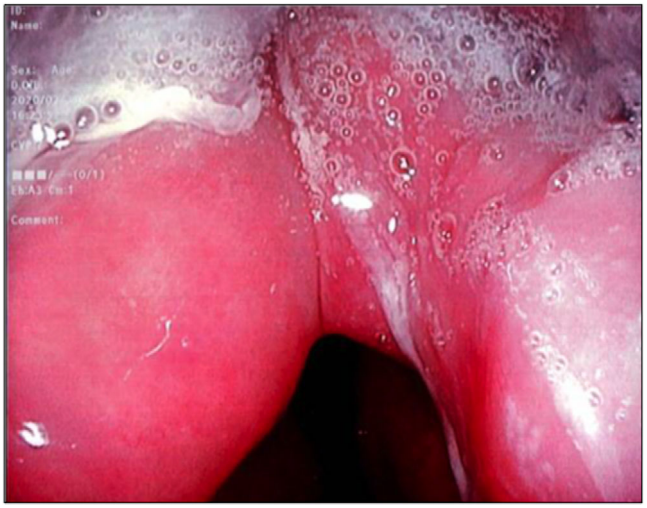

FIGURE 4 Bilateral arytenoids appear edematous; however, the airway is maintained

and 4) and prescribed ampicillin-sulbactam and dexamethasone. The patient was discharged 5 days after admission without sequelae.

The differential diagnoses for patients with fever, sore throat, odynophagia, and hoarseness include tumors, acute epiglottitis, and deep neck infections such as peritonsillar abscess or retro pharyngeal abscess. Epiglottic abscess could develop in 21%–29% of patients with acute exacerbated epiglottitis.[1,2] Contrast-enhanced computed tomography is an effective modality for differential diagnosis of these diseases. However, patients with symptoms for a short duration (<12–24 hours) but rapid progression, or significant epiglottis enlargement on radiography or laryngoscopy, require tracheostomy as part of their initial care.[3,4] In contrast, a patient with contrast-enhanced computed tomography-confirmed epiglottic abscess, without any of the above-mentioned presentations, could undergo immediate abscess drainage and thus be treated successfully without the risk of airway compromise.

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AUTHOR CONTRIBUTIONS

TY drafted the manuscript, edited the manuscript for important intellectual and scientific content, served as the principle author, edited the revised version, and approved the final draft. HK revised the manuscript for important intellectual and scientific content and read and approved the final draft. HK took final responsibility for the submission.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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