

[ PICTURES IN CLINICAL MEDICINE ]

## A Case of COVID-19 Presenting with Acute Epiglottitis

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**Picture 1.**



**Picture 2.**

A 22-year-old Japanese man was admitted to our hospital with a 3-day history of a fever and sudden worsening of severe odynophagia, hoarseness, and dysphagia. He had tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) via polymerase chain reaction the day before admission. His body temperature was 38.8°C, with an O<sub>2</sub> saturation of 97% as measured by pulse oximetry on room air. He asked for a washbowl to expectorate sputum every five minutes. Laboratory data revealed elevated inflammatory markers (white blood cell count 9,780/μL, neutrophil count 7,670/μL, lymphocyte count 1,190/μL, C-reactive protein 4.84 mg/dL). Non-contrast computed tomography revealed a thickened root of the epiglottis and swelling at the arytenoid cartilage (Picture 1, 2). Laryngofiberscopy revealed edema at the root of the epiglottis and red swollen mucosa of the arytenoid cartilage, indicating acute epiglottitis. The patient recovered without exacerbation after treatment with corticosteroids (hydrocortisone 200 mg for the first 2 days, 100 mg for the next 2 days), antibiotics, and

epinephrine inhalation. He did not develop pneumonia during his hospital stay. Coronavirus disease 2019 (COVID-19) may present with acute epiglottitis (1), which is potentially life-threatening and requires rapid treatment. When patients with COVID-19 complain of symptoms such as severe odynophagia, hoarseness, drooling, and stridor, careful attention should be paid, and radiological and otorhinolaryngologic evaluations should be performed immediately.

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Aki Yamada and Kai Yamazaki contributed equally to this work.

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