

[PICTURES IN CLINICAL MEDICINE]

Chronic Bacterial Laryngitis: A Diagnostic Pitfall for Clinicians

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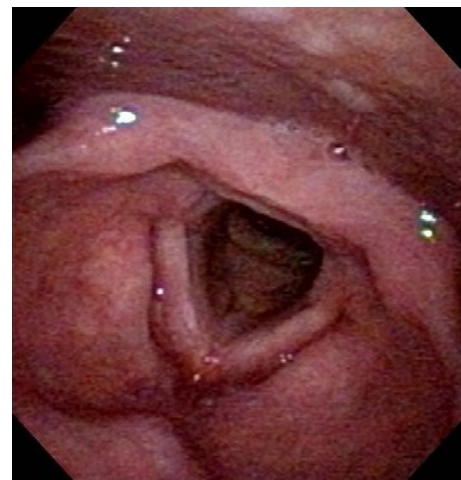
Key words: chronic bacterial laryngitis, carcinoma, *Staphylococcus aureus*, polymicrobial infection, sulfamethoxazole/trimethoprim

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Picture 1.



Picture 2.

A 72-year-old Japanese man presented with persistent hoarseness for 1 month. He was a former smoker (Brinkman Index 2000). Laryngoscopy revealed an edematous vocal-cord without erythema and an irregular vocal-cord surface covered by a purulent scab (Picture 1). Bronchoscopy findings showed no evidence of endobronchial tuberculosis. A vocal-cord biopsy was negative for malignancy and *Mycobacteria* but positive for methicillin-resistant *Staphylococcus aureus*, *Streptococcus agalactiae*, *Moraxella catarrhalis*, and *Corynebacterium accolens*. Based on the pathological and microbiological results, the patient was diagnosed with chronic bacterial laryngitis (CBL). He received two-week oral sulfamethoxazole/trimethoprim treatment based on the susceptibility test results and fully recovered, with resolution of the vocal-cord findings (Picture 2). A biopsy is required to diagnose such rare cases, as CBL may mimic carcinoma (1) and commonly occurs as a monomicrobial infec-

tion. He was successfully treated with short-course antibiotic therapy, whereas *S. aureus*-associated CBL requires prolonged antibiotic treatment (2).

Written informed consent was obtained from the patient for the publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request.

This study was approved by the institutional review board and ethics committee of Japanese Red Cross Ise Hospital.

The authors state that they have no Conflict of Interest (COI).

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