

[ LETTERS TO THE EDITOR ]

**Response to Letter to the Editor: “Acute Bacterial Epiglottitis and COVID-induced Angioedema of the Larynx Are Possible Differential Diagnoses”**

**Key words:** COVID-19, acute epiglottitis

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*The Authors Reply* We appreciate and agree with the point made by Baba et al. that the true etiology of acute epiglottitis in our case had not been precisely evaluated. However, the true etiology of acute epiglottitis is difficult to determine in most adults, as throat cultures can be contaminated by oral flora and thus may not demonstrate the true pathogen, and only 0-17% of cases are bacteremic in adults (1, 2). A literature review via PubMed found about 10 cases of epiglottitis related to COVID-19 infection (searched on August 19, 2022). While the true etiology of acute epiglottitis in COVID-19 patients has not yet been completely evaluated, we believe acute epiglottitis should be considered to potentially be associated with COVID-19 infection.

Antiviral drugs for COVID-19 should be used for patients with risk factors of severe COVID-19 infection or respiratory diseases (pneumonia or respiratory failure). We did not use antiviral drugs because our patient had no risk factors or

respiratory diseases.

We agree that there is a possibility of angioedema, but our patient did not show any manifestations of angioedema, such as facial swelling or macroglossia; we therefore did not think he had angioedema due to COVID-19 infection.

We found similar and productive discussions concerning the different diagnosis of COVID-19 related to epiglottitis (3); however, our study indicates that acute epiglottitis, a lethal condition, should be considered when COVID-19 patients present with severe upper airway symptoms.

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

Aki Yamada<sup>1</sup>, Kai Yamazaki<sup>2</sup> and Toshiro Sugimoto<sup>3</sup>

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<sup>1</sup>Department of Medicine, National Hospital Organization Higashi-Ohmi General Medical Center, Japan, <sup>2</sup>Department of Otorhinolaryngology, National Hospital Organization Higashi-Ohmi General Medical Center, Japan and <sup>3</sup>Department of Medicine, Shiga University of Medical Science, Japan

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Correspondence to Dr. Toshiro Sugimoto, [toshiro@belle.shiga-med.ac.jp](mailto:toshiro@belle.shiga-med.ac.jp)

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