



Epiglottitis-Like Symptoms of COVID-19 in the Omicron Wave

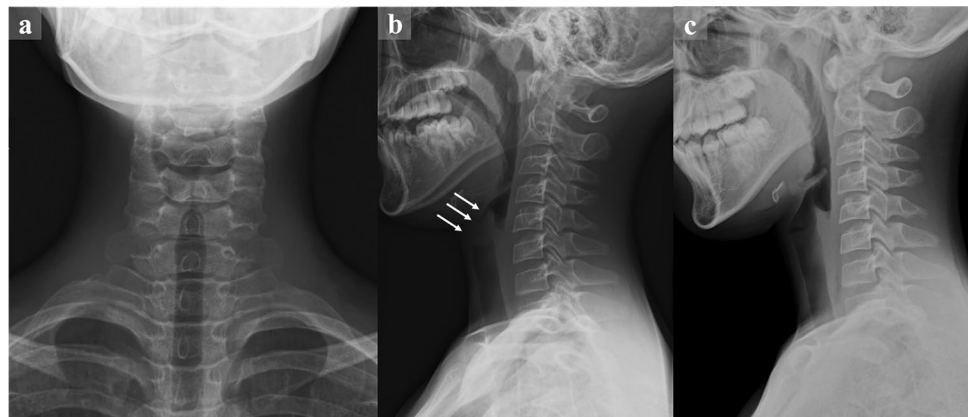
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A previously healthy 11-y-old boy presented to the emergency department with acute odynophagia, hoarseness, and high fever. He did not have a cough, rhinorrhea, drooling, or cyanosis. The neck radiograph showed no radiographic signs of croup (steep sign and loss of subglottic shoulder [1]) (Fig. 1a) but abnormal opacity surrounding the glottis with normal epiglottis (Fig. 1b). The multiplex respiratory PCR assay was positive for only severe

acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The omicron variant accounted for 100% of SARS-CoV-2 in the region at the time of this presentation [2]. His odynophagia and fever improved with the use of dexamethasone and ceftriaxone for the working diagnosis of epiglottitis. Twenty days later, he had no hoarseness, and a re-examination of the lateral neck radiograph demonstrated normal findings (Fig. 1c).

Fig. 1 Anterior–posterior (a) and lateral (b) neck radiography at the initial presentation. Lateral neck radiography shows abnormal opacity surrounding the glottis (arrow), and normal epiglottis (arrowhead). (c) Follow-up lateral neck radiography after the clinical recovery



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This patient presented to the emergency department with symptoms reminiscent of life-threatening conditions such as epiglottitis. However, the only abnormal radiographic findings were swelling surrounding the glottis, inconsistent with those of the epiglottitis. A study during the omicron wave has described young adults with COVID-19 seeking emergency care with epiglottitis-like symptoms including odynophagia, hoarseness, and fever. Laryngofiberscopic findings in the case series revealed redness in the hypopharynx and larynx without epiglottic edema; radiographic information was unavailable [3]. The present findings suggest that the omicron variant of SARS-CoV-2 causes inflammation around the glottis, resulting in epiglottitis-like symptoms.

Declarations

Informed Consent Informed consent was obtained from the patient and his parents for all procedures and publications.

Conflict of Interest None.

References

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