

Emphysematous epiglottitis

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A 60-year-old woman presented to the emergency department with a 2-day history of dysphagia, odynophagia and fever. Physical examination showed an infected oropharyngeal wall and tenderness over the neck. Laboratory tests revealed elevated white blood cell count and C-reactive protein level. A neck X-ray was obtained which showed an enlarged epiglottitis (**Figure 1**). Endoscopy showed a red oedematous epiglottis. Urgent computed tomography was performed (**Figure 2**) which revealed swelling and gas bubbles in the epiglottitis, indicating emphysematous epiglottitis.



Figure 1. Neck X-ray showed swelling and air density in the epiglottis (asterisk). The airway was narrower than usual. This led to the suspicion of emphysematous epiglottitis.

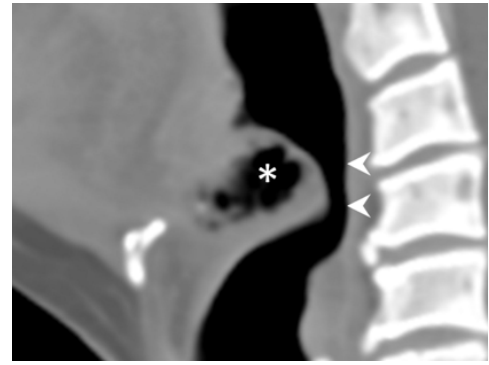


Figure 2. Computed tomography of the neck showed swelling and gas bubbles in the epiglottis (asterisk). Impending airway compromise was noted (arrowhead).

Acute epiglottitis complicated with an abscess is uncommon, and emphysematous epiglottitis is more rare (Chang et al, 2013). The disease is potentially life-threatening (Rohrbach et al, 2016). Early diagnosis is important to reduce morbidity and mortality. Fortunately, this patient recovered after administration of antibiotics without requiring intubation or surgical drainage. Imaging, including X-ray and computed tomography, can be helpful in early diagnosis. Oedema and gas bubbles in the epiglottis are typical features of emphysematous epiglottitis (Hindy et al, 2013).

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