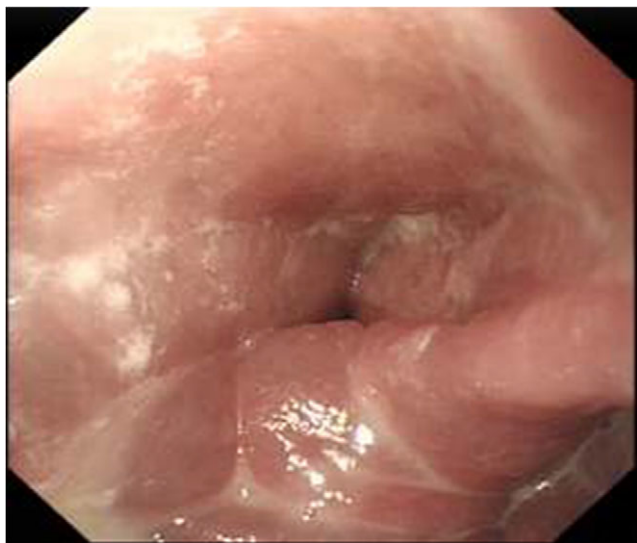


# Clinical Reminder

## Acute epiglottitis in an older person

Adult epiglottitis has an incidence of approximately 1–4 per 100,000 per annum [1, 2] with an average age of 42–47 years. Acute epiglottitis in adults often does not present typically and is considered a distinct form of the disease [1]. We report a 97-year-old male who presented with diarrhoea, vomiting, weight loss and progressively worsening dysphagia and pain on swallowing over the previous month. Based on the patient's history, an urgent gastroscopy was performed which revealed his oesophagus to be normal. At this point, as the endoscope was retracted, it was decided to inspect the larynx and vocal cords which revealed remarkable degree of symmetrical swelling with vocal cords hardly visible (Fig. 1). After the procedure, the patient developed stridor and was treated with 0.5 mg 1:1000 adrenaline IM, 100 mg hydrocortisone IV, 100 mg chlorphenamine IV and 1 g cefotaxime IV. The patient was immediately transferred to a tertiary centre for Otorhinolaryngology input, which



**Figure 1.** Gastroscopy showing oedema of the supraglottic area.

confirmed the diagnosis of acute supraglottitis via flexible fiberoptic nasoendoscopy (FNE). The Otorhinolaryngology team continued with IV cefotaxime, IV dexamethasone and adrenaline nebulisers. Sputum culture grew staphylococcus aureus. A repeat FNE performed on day 2 showed no significant swelling, with normal mobile vocal cords. The patient was discharged after 10 days with full recovery.

A retrospective review by Shah and Stocks [3] identified two vulnerable populations prone to developing epiglottitis; infants (<1 year old) and older people (>85 years). Acute epiglottitis is an important condition to diagnose, as it is potentially fatal but eminently treatable; it requires clinicians to have a high index of suspicion in older subjects with recent onset painful swallow.

## Conflicts of interest

None declared.

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