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ACUTE EPIGLOTTITIS IN ADULTS: OUR EXPERIENCE IN A TERTIARY CARE HOSPITAL

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ABSTRACT

Acute epiglottitis is a life threatening disorder. There is inflammatory edema of the arytenoids, aryepiglottic folds and the epiglottis. Acute epiglottitis can occur at any age. The responsible organism used to be Hemophilus influenza type B, but infection with group A b-hemolytic streptococci has become more frequent after the widespread use of Hemophilus influenza vaccination. There were 20 patients, 12 males and 8 females. The main presenting symptoms were sore throat, odynophagia, muffled voice and fever. In the majority of cases, examination of the larynx showed a edematous, erythematous epiglottis and edematous aryepiglottis folds and false cords. . Two patients required intubation and admission to the intensive care unit. Both patients were extubated successfully after 72 hours. The antibiotic regimen used in our series was intravenous cefotaxime and metronidaole.

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INTRODUCTION

Acute epiglottitis is a life threatening disorder. There is inflammatory edema of the arytenoids, aryepiglottic folds and the epiglottis, therefore, supraglottitis may be used instead or preferred to the term acute epiglottitis. Acute epiglottitis can occur at any age. The responsible organism used to be Hemophilus influenza type B, but infection with group A b-hemolytic streptococci has become more frequent after the widespread use of Hemophilus influenza vaccination. There are differences in trends, occurrences and management of acute epiglottitis between children and adults. There is also more diversity in the cause of epiglottitis in adults (Mathoera, 2008). Acute epiglottitis in adults has been reported to have a more indolent natural history than in children, with a reduced probability of serious airway compromise and need for airway intervention (Mayo-Smith, 1995).

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AIMS AND OBJECTIVES: To study the presentation and management of acute epiglottitis in a recent series of adult patients.

MATERIAL AND METHODS

The present study of 20 patients was conducted in SHKM GMC Nuh, Haryana, India (a tertiary care hospital) over a period of one year between Sep 2017 and Aug 2018. The diagnosis of acute epiglottitis was established in all cases by flexible fibre optic nasolaryngoscopy, which showed edema and erythema of the epiglottis or supraglottis.

OBSERVATIONS AND RESULTS

There were 20 patients, 12 males and 8 females. The mean age was 46.6 years. (range 22-72 years). The main presenting symptoms were sore throat , odynophagia , muffled voice and fever. (Table 1) In the majority of cases, examination of the larynx showed a swollen, erythematous epiglottis and swollen, aryepiglottic folds and false cords. (Table 2) Leucocytosis was

present in 17 of the 20 patients. Two patients required intubation and admission to the intensive care unit. Both patients were extubated successfully after 72 hours. The antibiotic regimen used in our series was intrevenous cefotaxime and metronidazole. Intravenous steroids were used in all patients. There were no casualties seen in our study.

Table 1. Main Presentations

Presentation	Patients No.(%)
Sore throat	18 (90%)
Odynophagia	18 (90%)
Muffled voice	16 (80%)
Fever	14 (70%)

Table 2. Main Findings On Throat Examination

Findings	Patients No.(%)
Swollen, Erythematous Epiglottis	18 (90%)
Swollen AE folds and false cords	18 (90%)
Erythematous vocal cords	4 (20%)

DISCUSSION

Historically, acute epiglottitis has been a disease of childhood.[3] However, while the incidence of childhood epiglottitis declined after the introduction of the HiB vaccine in 1985, the incidence of reported cases of acute epiglottitis in adults has shown a steady rise (Frantz, 1993). The current study also showed a relatively high number of cases in a short period of time. The reasons for the apparent rise in adult acute epiglottitis are unclear. Most adults are not vaccinated against Hemophilus influenza type B, as was the case in all of our patients. In adults, other bacteria besides H. influenza type B may cause epiglottitis, including streptococcus pneumoniae, streptococcus pyogenes, staphylococcus aureus. Mayo-Smith et al. (1998) hypothesized that these other pathogens can cause a type of acute epiglottitis, more common in adults, which is characterized by a slower onset, the absence of bacteraemia and negative blood cultures. Two patients in this study required airway intervention. Our management of these cases was consistent with current practice in most other otolaryngology centres. There is a general agreement in the literature that patients with signs of severe airway obstruction require immediate establishment of the airway either by intubation or tracheostomy (Hebert, 1998).

Patients with milder symptoms require admission to an otolaryngology ward for close airway monitoring and commencement of intravenous antibiotics and steroids. In adults, it is possible that acute epiglottitis is caused by other micro organisms besides H. influenza. Thus, broad spectrum antibiotics are widely used, alone or in combination with metronidazole. We used combination of cefotaxime and metronidazole in all our patients, and the therapeutic efficacy of this combination has been very satisfactory. Carticosteroids are widely used in an effort to reduce epiglottic swelling. We used intravenous dexamethasone in all our patients, consistent with the rate of usage in other studies (Frantz, 1994).

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