A 'crowned' epiglottitis

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DESCRIPTION

A 32-year-old man presented to the emergency department with a 2-day history of foreign body sensation in the throat that started after drinking water from a plastic bottle. There was no obvious history of choking or foreign body aspiration. On examination, pulse was 100 bpm, respiratory rate 20 breaths/min, oxygen saturation 99% and blood pressure 140/90 mm Hg. There was no tenderness of the neck on palpation or limitation of head movements. The patient was referred to the ENT department for evaluation. The rigid fibre optic examination showed a plastic ring, consistent with part of a plastic cap, impacted around the epiglottis (figure 1). The peculiar shape of the foreign body prevented penetration into the airway. The foreign body was removed under local anaesthesia and recovery was uneventful. Laryngeal foreign bodies are easily diagnosed because of obvious signs and symptoms; rarely, they remain impacted in the larynx since they are either coughed out or inhaled.¹

Figure 1 The plastic foreign body impacted on the epiglottis.

Usually airways foreign bodies in adults are associated with altered mental status or neurological dysfunction which our patient did not have, nor did he have signs suggesting the presence of a foreign body in the airway. Foreign body inhalation, however, may occur unnoticed in healthy subjects² and may not provoke cough or other obvious symptoms, a part from mild dysphagia and discomfort and in the throat.

Learning point

- ▶ The aspiration of foreign bodies represents a critical situation that must always be classified as an emergency.
- ▶ In this case, the foreign body fortunately remained impacted around the epiglottis and did not obstruct the tracheo bronchial tree.
- ▶ Foreign bodies of upper airways must be suspected also in the absence of cough, dyspnoea or hoarseness.

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