

Bacterial Laryngitis in a 12-Year-Old Immunosuppressed Patient

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Clinical Image

A 12-year-old Amish female with history of biliary atresia and hepatopulmonary syndrome presented for evaluation of persistent dysphonia and previous nasal fungal (*Alternaria*) infection on the day she was scheduled for liver transplant. Otolaryngology performed flexible laryngoscopy revealing supraglottic and glottic exudate and concern for infection. Direct Laryngoscopy with biopsy and culture revealed extensive colonization with MSSA and Strep G. Transplant was postponed and she was treated micafungin and vancomycin followed by nafcillin for one week. She was discharged on clindamycin and fluconazole therapy for four weeks. Repeat endoscopic examination 3 weeks after discharge showed complete resolution of the exudate (Figures 1-4) [1-3].



Figure 1: Direct Laryngoscopy with laryngeal exudate.



Figure 2: Thickened Epiglottis secondary to bacterial laryngitis.

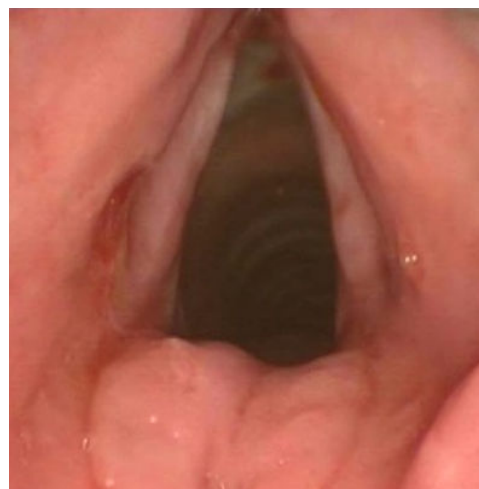


Figure 3: Post-debridement of bacterial exudate.

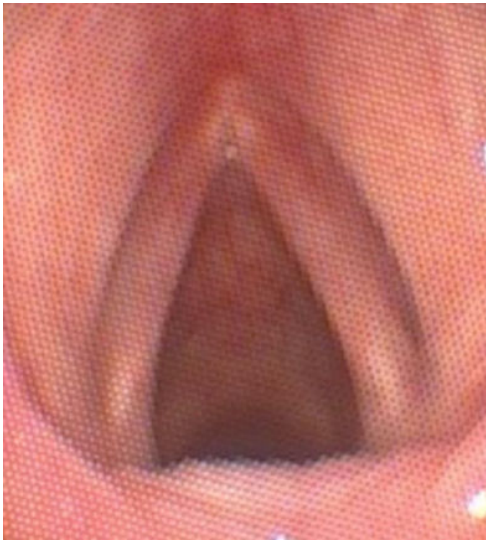


Figure 4: Flexible Laryngoscopy revealing clearance of infection following antibiotic therapy.

References

1. Uslu C, Oysu C, Uklumen B (2008) Tuberculosis of the epiglottis: A case report. *Eur Arch Otorhinolaryngol* 265: 599-601.
2. Williams RG, Tony DJ (1995) *Mycobacterium* marches back. *J Laryngol Otol* 109: 5-13.
3. Lin CJ, Kang BH, Wang HW (2002) Laryngeal tuberculosis masquerading as carcinoma. *Eur Arch Otorhinolaryngol* 259: 521-523.