**Swallowed Danger: Fish Bone-Induced Epiglottitis Triggering an Airway Emergency**

Barathan Manoguran1, Tan Chun Chau1, Varrsha Manoharan1, Siti Fatimah Kather Hussain1

1Emergency and Trauma Department, Hospital Seberang Jaya, Pulau Pinang, Malaysia

**Introduction**

Epiglottitis, an inflammation of the epiglottis, is typically caused by bacterial infection but can also result from trauma, such as the ingestion of a foreign body like a fish bone. Symptoms range from mild foreign body sensation to severe airway compromise and deep neck space infection.

**Case description**

A 74-year-old Chinese man presented to the emergency department with acute left-sided neck swelling, odynophagia, hoarseness, and drooling, which began two days after accidentally ingesting a fish bone. Physical examination revealed mild tachypnea, stridor, and a 1x2 cm swelling on the left side of his neck. Flexible Nasopharyngolaryngoscopy (FNPLS) showed an edematous epiglottis, vallecula, arytenoids, and partially visualized vocal cords, but no foreign body was detected. Computed tomography revealed a radiopaque foreign body on the left side of the neck, along with edema involving the epiglottis, aryepiglottis, and left parapharyngeal wall, suggesting early abscess formation. The patient underwent elective intubation via awake fiberoptic intubation and examination under anesthesia (EUA) for incision and drainage. Epiglottitis was observed and minimal pus drained from left lateral pharyngeal, but the foreign body could not be located. Patient was then treated with intravenous dexamethasone and broad-spectrum antibiotics. A subsequent direct laryngoscopy and EUA successfully removed the fish bone. He recovered well and was discharged with outpatient follow-up. FNPLS prior to discharge showed resolved soft tissue edema with minimal slough over the vallecula.

**Discussion**

Epiglottis impaction by a fish bone is rare due to its anatomical structure. However, swelling of the epiglottis can severely obstruct the upper airway, potentially leading to complete obstruction and sudden death. Therefore, it is crucial to promptly identify symptoms of acute airway compromise following foreign body ingestion. Early diagnosis, immediate removal of the foreign body, and intensive treatment with steroids and antibiotics are essential to improve patient outcomes and prevent severe complications.

**Conclusion**

Maintain a high index of suspicion for patients presenting with upper airway obstruction symptoms and a history of foreign body ingestion. Early referral to ENT team is essential for appropriate assessment and management, irrespective of symptom severity or duration since ingestion.

Keywords: Epiglottitis, Foreign Bodies, Airway Obstruction

**348 words**