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(Fig. 1A)

(Fig. 1B)

(Fig. 1C)

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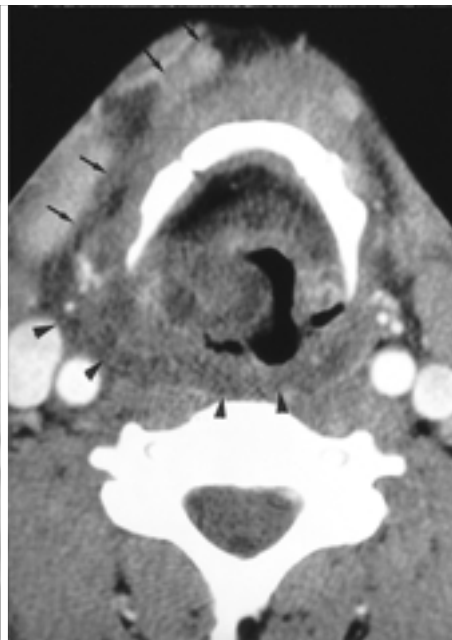
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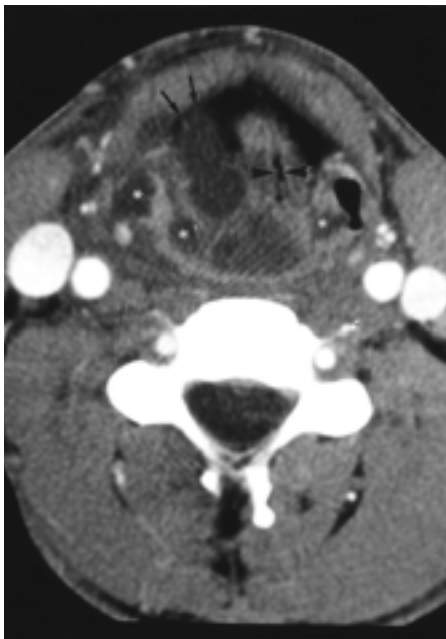
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A



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C



D

Fig. 1. Supraglottitis in a patient with diabetes mellitus and chronic renal failure.

A. Axial CT scan shows enlarged epiglottis with low attenuation (asterisk).

B. At level of enlarged aryepiglottic folds, inflammation with low attenuation extends to the retropharyngeal space and paralaryngeal space (arrowheads), lower submandibular space and anterior neck (arrows)

C. Multiloculated abscesses (asterisks) are noted in the right paralaryngeal space with preepiglottic fat infiltration (arrows) and airway narrowing (arrowheads)

D. Lateral neck radiograph shows enlarged epiglottis and aryepiglottic folds. However, retropharyngeal space involvement and abscess formation are not well demonstrated.

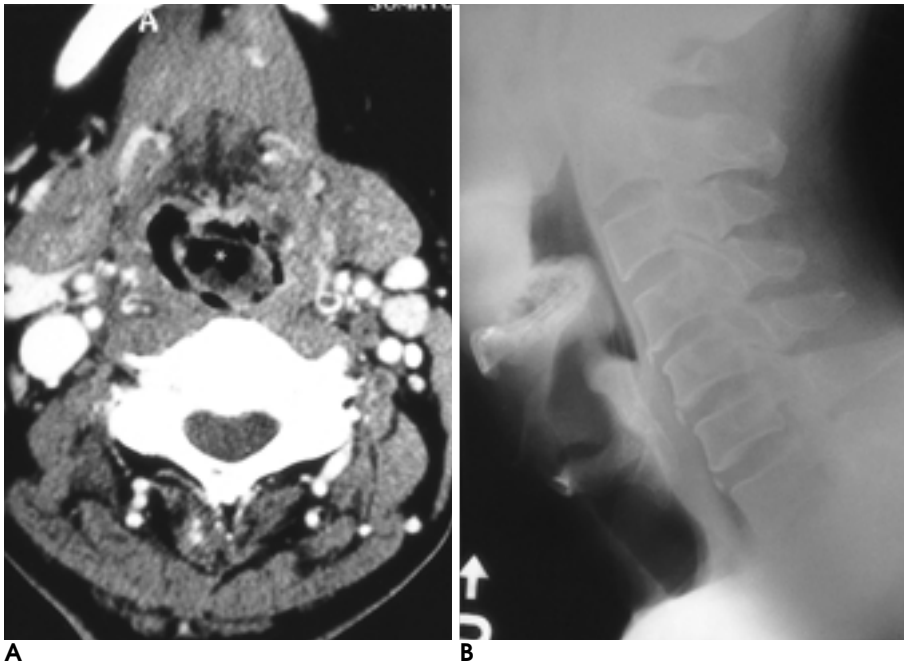


Fig. 2. Emphysematous epiglottitis
A. Axial CT scan shows enlarged epiglottis with areas of low density containing air(asterisk)
B. Lateral neck radiograph shows mottled air densities with enlarged epiglottis.

(Fig. 2).

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CT Findings of Supraglottitis in Adults¹

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Purpose: To determine the CT findings and to evaluate the role of CT scanning in adult supraglottitis.

Materials and Methods: The CT findings of five male patients aged between 29 and 69 (mean, 53) years with adult supraglottitis were reviewed and evaluated. Particular attention was focussed on swelling of epiglottis and laryngeal structures, abscess formation and extension of the inflammatory process to adjacent neck spaces. In addition, the findings of CT were compared with those of plain radiography.

Results: In all patients, CT revealed swelling of the epiglottis and aryepiglottic folds, while in four, swelling of the paralaryngeal space was noted. Abscesses in the epiglottis were seen in four patients, and in three of these, small abscesses in the preepiglottic, parapharyngeal, or peritonsillar space or palatine tonsil, were also noted. One patient had an emphysematous epiglottitis, and in three, inflammation extended to adjacent regions of the neck, namely the parapharyngeal, retropharyngeal, submandibular, or peritonsillar space. Plain radiographs gave only restricted information regarding abscess formation and the extension of inflammation to adjacent neck space.

Conclusion: CT is useful for assessing the extent of adult supraglottitis and for evaluating ensuing complications. It may also be useful for differentiating this condition from other supraglottic diseases, for the planning of treatment, and for evaluating the results of therapy.

Index words : Larynx, CT
Neck, CT

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