

Herpes simplex supraglottitis: Presentation & management

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SUMMARY

Viral epiglottitis (supraglottitis) is a rare entity but its presentation can mimic that of bacterial epiglottitis. Regardless of the causative agent, supraglottitis is a serious disease mostly affecting children and rarely seen in adults. Early suspicion and proper evaluation are mandatory to prevent a life-threatening crisis. In both children and adults the infection aetiology is predominantly bacterial while viruses are rare, especially in adults. Furthermore supraglottitis secondary HSV is a rare entity with few reported cases in the literature, hence we report this rare case and management. We describe a case of supraglottitis in an adult woman. A 56-year-old woman present with symptoms of supraglottitis were odynophagia, dysphagia, hoarseness of voice and blood indices. Flexible nasopharyngo-laryngoscopy (FNLPS) examination revealed generalised edema of supraglottic structures mainly over epiglottis and bilateral arytenoid. There are also ulcers over the right pyriform fossa, right site of aryepiglottic fold and left arytenoid which raised suspicion of malignancy. Biopsy of supraglottic structures was performed under general anaesthesia. HPE was positive for Herpes simplex virus (HSV). Oral acyclovir commenced for 2 weeks subsequently repeated FNPLS shows remarkable resolve of disease. In the presence of HSV supraglottitis, prognosis is good with adequate and proper treatment.

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A rare case of epidermoid cyst of the parotid gland and mastoid cavity

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SUMMARY

Epidermoid cyst, also known as a sebaceous cyst, are encapsulated subepidermal nodules filled with keratin. Although most commonly located on the face, neck, and trunk, epidermoid cysts can form anywhere on the body. They arise following a localized inflammation of the hair follicle and occasionally after the implantation of the epithelium, following a trauma or surgery. The presence of benign cystic lesions in the salivary glands and mastoid cavity are rare. We present a rare case of a 73-year-old male who presented with a soft swelling on the left side of the face extending to the mastoid and post auricular area. He has a history of left modified radical mastoidectomy done in 2018, complicated with facial nerve palsy, grade III. He was well till he had a parotid area swelling for 6 months duration prior to the visit. On examination, there was parotid swelling measuring 5.0 cm x 5.0 cm extending to the mastoid and post auricular area which was soft and non tender. Fine needle aspiration was done and cytology revealed a benign squamous lining cyst lesion with differentials of epidermal cyst. CT scan revealed an enlargement of the left parotid, laterally it stretches out the SCM muscle, medially it pushes the carotid spaces more medially, and the mass extends inferiorly until the level of hyoid bone. In addition, there was aggressive left external auditory meatus and middle ear cavity soft tissue lesion causing bony dehiscence. Epidermal cysts of the parotid gland and mastoid origin are extremely rare and causes a diagnostic challenge, but still, epidermal cysts should be considered as a differential diagnosis in cases of patient with painless and long-standing enlargement of parotid gland with previous history of operation. Based on previous history of operation, FNAC and CT scan findings, provisional diagnosis of epidermal cyst was made and the patient referred to the otology centre for further management.