

We present one case of adult epiglottitis who developed anterior extension of infection requiring emergent neck exploration. A 75-year-old Caucasian male presented to emergency department with 4-day history of worsening sore throat, frequent cough, and weakness. His symptoms also included hoarseness and odynophagia with poor oral tolerance. Lateral radiograph of soft tissue of the neck was significant for classic findings of a thumb print sign. A diagnosis of acute epiglottitis was established and confirmed via direct visualization with flexible fiberoptic laryngoscopy. The patient was subsequently admitted to the intensive care unit for further medical management. Despite three days of aggressive empiric antibiotic therapy, the patient reported minimal improvement. The decision was then made to obtain Computed Tomography (CT) image of neck secondary to failed medical therapy, which showed rim enhancing fluid collection in ventral and bilateral neck. The patient was taken to the operating room for nasotracheal intubation and subsequent neck exploration, incision and drainage of neck abscess, washout, placement of Penrose drains and direct laryngoscopy with marsupialization of epiglottic abscess. He improved post operatively and was subsequently discharged home following a short inpatient post-op course with complete resolution of his symptoms.