



# Diphtheria-Like Findings in Atypical Manifestation of Membranous Laryngitis

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## Clinical Image

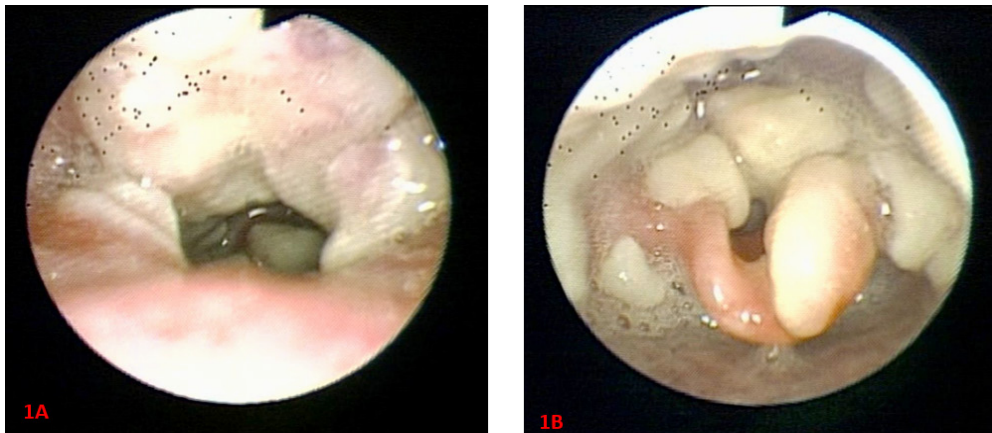
A six-month-old female patient was admitted to the hospital due to history of vomiting with blood streaks in the past month. CBC showed a hemoglobin level of 9.4, trombocytosis of 1.000.000 and no other signs of infection. Mild inspiratory stridor was noted on admission and the pediatric otorhinolaryngology team was called for evaluation. On Videonasofibroscopy (VNF), bulky white plaques were observed adhered to the nasopharynx, hypopharynx and laryngeal mucosal (**Figure 1a and 1b**). Initially, Diphtheria was suspected as the child was not fully vaccinated. Samples from the oropharynx were collected for microbiological analysis and were negative for Diphtheria and

positive for *S. Aureus* and *E. Coli*. She received 10 days of penicillin at her local hospital and improved of vomiting. A few days after she was discharged she presented with respiratory distress, inspiratory stridor, retractions and desaturation and was intubated with a 3.0 tube by the ENT team. Empiric ceftriaxone was initiated. A microlaryngobronchoscopy was performed and revealed fibrinous-like tissue covering vocal cords and fine small white plaques on vestibular bands and vocal cords that were removed with underlying laryngeal mucosa and showed a chronic nonspecific inflammatory process. High digestive endoscopy was performed at the same time and a laminar concentric in-



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inflammatory esophageal stenosis was found and dilated. No lesions or inflammation were noted in the subglottis or trachea. The child was extubated after 6 days and completed 10 days of antibiotics. Before hospital discharge VNF confirmed normal aspect of the pharynx and larynx. The children is currently thriving with no respiratory symptoms and undergoing investigation for gastroesophageal reflux.



**Figure 1:** (A) View from nasofibroscopy showing edema and white plaques adhered to the mucosa of the nasopharynx extending to posterior wall of oropharynx. (B): View from nasofibroscopy showing edema and bulky white plaques adhered to the mucosa of the posterior wall of the oro and hypopharynx and supraglottis. Free edge of the epiglottis (x) can be seen with white lesion on left side.