

CLINIPICS

Thermal epiglottitis

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An eleven months baby pulled a tumbler full of boiling water over his chest. He was brought to the ER, and found to have 5% of his body surface area scalded. He was given antibiotics and pain killers and detained for further treatment. 4 hours later he was found tripodding and drooling. There was no apparent sign of burn or face on the face. Against the opinion of the doctor on duty, the anesthesiologist insisted to take him to OR for intubation. The attempt at intubation failed due to extreme swelling of the epiglottitis due to thermal epiglottitis. Emergency tracheostomy was done to save the life of the child. Airway always gets priority in burn injuries, whether it is due to dry heat or wet heat. The lack of obvious signs of respiratory tract involvement should not lead us to leave the guard.

