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**Figure 1.** Radiograph at initial emergency department presentation.



**Figure 2.** Follow-up radiograph. Used with permission of Marie Mullen, MD, Department of Emergency Medicine, University of Massachusetts Medical School, Worcester, MA.

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A 24-year-old woman presented to the emergency department with a 1-day history of fever, sore throat, and odynophagia. Patient vital signs included a temperature of 37.8°C (100°F), a pulse rate of 99 beats/min, and a blood pressure of 116/71 mm Hg. She had a normal-appearing oropharynx on examination. A lateral neck radiograph showed thickening of the epiglottis (Figure 1).

*For the diagnosis and teaching points, see page 598.*

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American Academy of Pediatrics and the American Academy of Family Physicians.

For future editions, we recommend that the distribution of questions be broken down to reflect the actual percentage assigned to each category, and that additional referencing be added. This would allow the reader to more easily study the material in greater depth as needed.

The text's case-based format is refreshing and keeps the reader attracted to its contents. *1000 Questions to Help You Pass the Emergency Medicine Boards* represents a new valuable source

for those preparing for the American Board of Emergency Medicine's In-training and Certification Examinations.

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## IMAGES IN EMERGENCY MEDICINE

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### DIAGNOSIS:

*Hyphema and iridodialysis (Figure)*. The annual incidence of hyphemas is 17 per 100,000 population.<sup>1</sup> Hyphemas most commonly result from blunt trauma but also occur spontaneously from systemic disorders such as sickle cell disease. Approximately one third of all cases exhibit associated increased intraocular pressure. A complication of traumatic hyphemas is secondary bleeding, which occurs in 3% to 38% of patients.<sup>1</sup> In general, visual prognosis and complications are significantly worse in the setting of total hyphema as opposed to subtotal hyphema and in cases in which rebleeding occurs.

Outpatient management of hyphemas has become more accepted if the hyphema occupies less than half of the anterior chamber, intraocular pressure is less than 35 mm Hg, and there is no history of dyscrasia or bleeding diathesis.<sup>1</sup> A mydriatic (ie, atropine 1%) is administered to relieve photophobia and to prevent seclusio pupillae. A topical corticosteroid (ie, prednisolone acetate 1%) is administered to reduce the risk of synechiae and secondary hemorrhage. Activity should be limited, the head of the bed elevated 30 degrees above the horizontal plane, and a metal shield placed over the eye. Aspirin and nonsteroidal anti-inflammatory drugs should be avoided. (Figure).

### REFERENCE

1. Sankar PS, Chen TC, Grosskreutz CL. Traumatic hyphema. *Int Ophthalmol Clin*. 2002;42:57-68.

## IMAGES IN EMERGENCY MEDICINE

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### DIAGNOSIS:

*Epiglottitis*. The radiograph showed findings consistent with epiglottitis. Subsequent bedside laryngoscopy by the consulting otolaryngology service confirmed the diagnosis of epiglottitis.

The patient was treated with intravenous dexamethasone and ampicillin/sulbactam. She was admitted to the ICU for airway monitoring. One day later, the patient left the hospital against medical advice. She returned 3 days later and received repeated imaging (Figure 2). The repeated lateral radiograph shows nearly complete resolution of edema. With the advent of the Haemophilus influenzae type b vaccine, acute epiglottitis needs to be considered in the adult patient presenting with a complaint of sore throat, odynophagia, and a normal oropharyngeal examination result.