A 34-year-old male presented with a two-day history of fever and pain while swallowing. On examination the patient was febrile, dyspneic and his saturation was 88% on room air. The plain x-ray lateral view of the neck revealed ‘thumb sign’ (Figure 1) typical of acute epiglottitis. The patient was treated with ceftriaxone, dexamethasone and humidified oxygen and was closely monitored for any airway compromise. He recovered completely and is asymptomatic at five months of follow up. Acute epiglottitis is cellulitis of the epiglottis and adjacent tissue. The most common pathogen in unimmunised children is \textit{Haemophilus influenzae} type b and in adults are \textit{Staphylococcus aureus} and \textit{Streptococcus pneumoniae}. \textsuperscript{1,2} Non-infectious causes include thermal injury, trauma, caustic ingestion and foreign body impaction. Patients present with fever, odynophagia, muffled voice, drooling of saliva and stridor. Diagnosis is by lateral cervical spine x-ray, which shows the characteristic thumb sign, although it may be absent in early stages. \textsuperscript{1} The differential diagnosis includes peritonsillar abscess, croup and retropharyngeal abscess. \textsuperscript{2} Treatment is by third generation cephalosporins and steroids; other supportive measures include humidified oxygen. \textsuperscript{2} The risk of death due to sudden airway obstruction is high, therefore close monitoring of these patients is of utmost importance. \textsuperscript{2}

\textbf{Figure 1:} Plain x-ray of the neck lateral view showing a swollen epiglottis ['Thumb sign', arrow].
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