Dyspnea: A Rare Complication of Mumps Virus Infection

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A 45-year-old man was admitted to our hospital with progressive dyspnea. Two weeks before symptom onset, mumps was diagnosed in the patient’s child. The patient was not vaccinated for mumps and had no history of acute mumps infection. He noticed right parotid gland swelling four days before admission. A physical examination indicated severe bilateral swelling of the parotid and submandibular glands (Picture A, arrows). Fiberscopy indicated edematous changes in the left arytenoids that obstructed the patient’s airway (Picture B, circled). A mumps-specific immunoglobulin M (IgM) titer was positive. Laryngeal edema is caused by lymphatic congestion, secondary to salivary gland enlargement due to inflammation (1). With intravenous dexamethasone administration, the patient’s laryngeal edema resolved within two days. Therefore, we believe that performing laryngoscopic examinations would be helpful for managing adults with mumps and salivary gland swelling. The number of dyspnea cases caused by mumps infection is likely to increase in the future because the mumps vaccination has been discontinued in Japan since 1993 (2).

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References