[PICTURES IN CLINICAL MEDICINE]

Chronic Bacterial Laryngitis: A Diagnostic Pitfall for Clinicians

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Picture 1.

Picture 2.

A 72-year-old Japanese man presented with persistent hoarseness for 1 month. He was a former smoker (Brinkman Index 2000). Laryngoscopy revealed an edematous vocal-cord without erythema and an irregular vocal-cord surface covered by a purulent scab (Picture 1). Bronchoscopy findings showed no evidence of endobronchial tuberculosis. A vocal-cord biopsy was negative for malignancy and *Mycobacteria* but positive for methicillin-resistant *Staphylococcus aureus*, *Streptococcus agalactiae*, *Moraxella catarrhalis*, and *Corynebacterium accolens*. Based on the pathological and microbiological results, the patient was diagnosed with chronic bacterial laryngitis (CBL). He received two-week oral sulfamethoxazole/trimethoprim treatment based on the susceptibility test results and fully recovered, with resolution of the vocal-cord findings (Picture 2). A biopsy is required to diagnose such rare cases, as CBL may mimic carcinoma (1) and commonly occurs as a monomicrobial infec-

tion. He was successfully treated with short-course antibiotic therapy, whereas *S. aureus*-associated CBL requires prolonged antibiotic treatment (2).

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