

Anesthesiology
68:304, 1988

In Reply—We apologize to Drs. Blanc and Charest for our errors in reporting their data on epiglottitis. We were confused by their method of reporting the age of their patients, but we also overlooked other errors in table 2 which, in turn, misrepresented their data.¹

Our conclusions, however, are unchanged. Physicians must be aware that epiglottitis may occur in young infants and, when it does, may not present with the usual classic diagnostic signs seen in older children.

A corrected table appears here.

DEREK BLACKSTOCK, M.B.
Department of Anesthesia
British Columbia Children's Hospital
4480 Oak Street
Vancouver, British Columbia, V6H 3V4

REFERENCES

1. Blackstock D, Adderley RJ, Steward DJ: Epiglottitis in young infants. *ANESTHESIOLOGY* 67:97-100, 1987

(Accepted for publication October 9, 1987.)

TABLE 2. Comparison of Our Results with Those of Other Studies^{1,5,12}

	Present Series	Blanc <i>et al.</i> ¹⁹	Benjamin and O'Reilly ¹	Diaz and Lockhart ⁵
Number of Cases	14 (7-24 months)	27 (13 months-6 yr)	61 (6 months-5 yr)	106 (8 months-13 yr)
Male	86%	70%	60%	50%
Female	14%	30%	40%	50%
Respiratory distress				
Nil	7%	3%	—	—
Mild	43%	62%	—	—
Severe	50%	33%	—	—
Mean age (months)	18 ± 5	44	31	41 ± 28
Initial respiratory symptoms until intubation less than 24 h	78%	—	90%	—
Respiratory symptoms present more than 24 h	22%	—	10%	—
Inspiratory distress	93%	—	—	—
Drooling	64%	—	—	—
Tripod position	50%	—	—	—
Dysphagia	28%	—	—	—
Dysphonia	21%	—	—	—
Blood culture				
positive for <i>H influenzae</i> type b	71%	40%	59%	47.6%
negative for <i>H influenzae</i> type b	14%	33%	24%	—
unavailable or not done	14%	25%	26%	—
Roentgenogram				
Positive	64%	89%	—	18%
Negative	7%	0%	—	0%
Not done	28%	11%	—	0%
Direct pharyngoscopy				
Negative	14%	0%	—	0%
Positive	14%	0%	—	100%
Laryngoscopy at time of intubation		100%	—	—
Confirmed epiglottitis	100%	100%	—	—
Endotracheal intubation	100%	100%	—	100%

— = information not available.