

MEASLES - AN ENT DIAGNOSIS?

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Key Clinical Message:

ENTs should remain vigilant about the emergence of measles in non-endemic countries.

Clinical suspicion is crucial in identifying this disease, with Koplik's spots being a pathognomonic sign. Forming part of the differential diagnosis and helping to prevent potential outbreaks.

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Measles is a severe viral infection characterized by fever, cough, runny nose, conjunctivitis, and a distinctive rash. It spreads through respiratory droplets and can lead to complications like pneumonia and encephalitis [1-3]. Despite the availability of measles vaccines, outbreaks still occur due to vaccine hesitancy and incomplete immunization coverage [2].

A 42-year-old Caucasian man with no significant medical history, presented to the emergency room with fever, cough, odynophagia and a skin rash with 3 days of evolution, 10 days after returning from Brazil.

On admission, the tympanic temperature was 39.2°C. Physical examination revealed a cephalocaudal maculopapular rash that spread across his face, chest, and extremities (Figures 1 and 2), and multiple 1–2 mm grey–white spots on the buccal mucosa consistent with Koplik’s spots (Figure 3).

Measles was suspected based on the associated symptomatology and Koplik’s pathognomonic sign, and he was placed in isolation.

Oropharyngeal swab, urine and blood specimens were taken. The diagnosis was confirmed by positive polymerase chain reaction (PCR) for measles. Serological tests using enzyme immunoassay were also performed revealing IgM antibodies against measles (IgM titer 8.4, positive [?] 1.1; IgG titer 9.0; positive [?] 16.5), compatible with acute infection.

He received supportive care and within a few weeks all his symptoms disappeared.

There is an increase in new cases of measles in developed countries where vaccination is optional. This case demonstrates the importance of continuing to include measles in the differential diagnosis, even in countries where this disease has been eliminated, since cases can arise in other countries and easily cause outbreaks.

The role of the otorhinolaryngologist as a public health agent is reinforced preventing transmission and implement control measures. Attention should also be drawn to the need for measles vaccination for all health care providers.

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Figure 1: Cephalocaudal maculopapular rash in the chest and extremities.

Figure 2: Cephalocaudal maculopapular rash in the dorsal region.

Figure 3: Koplik’s spots on the buccal mucosa.





