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OMEGA-SHAPED EPIGLOTTIS

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An 80-year-old patient was undergoing prolonged hospitalization in a post–intensive care setting following a multiterritorial ischemic stroke secondary to bivalvular infective endocarditis involving both prosthetic and native valves. The patient remained tracheostomized, and a flexible videobronchoscopic examination was performed to evaluate airway patency prior to planned decannulation.

During the endoscopic assessment, an omega-shaped epiglottis was identified (Fig. 1 - Video). This configuration is characterized by medial inward curling of the lateral margins of the epiglottis, resulting in the characteristic "Ω" appearance. Although more commonly described in pediatric populations—where it is classically associated with laryngomalacia—this finding is less frequently reported in adults.

An omega-shaped epiglottis may represent a benign anatomical variant or be associated with altered supraglottic tone and dynamics. In this case, the finding was accompanied by penetration and aspiration of secretions, as well as vallecular residue. Notably, epiglottic inversion during swallowing and glottic closure were preserved. In neurocritical patients, structural supraglottic variants should be interpreted within a functional context, as airway protection depends primarily on dynamic rather than static anatomical factors.

Figure 1 |

