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Figure 1



Figure 2

A 64-year-old Malay female with underlying hypertension and ischemic heart disease presented with a brief history of sorethroat, fever and odynophagia for the past 2 days. She was only able to tolerate liquids and soft diet. This was then followed by a high-grade fever with no chills or rigor. She had no shortness of breath, noisy breathing or hoarseness. There was no neck swelling, joint pain or stiffness or any rashes. On examination, patient was comfortable, not septic looking. Her lips were swollen, sloughy and tender. Her tongue was coated and sloughy (Figure 1). Oral cavity examination revealed slough over buccal mucosa, floor of mouth and tongue. Bilateral tonsils were coated with slough. The mucosa overlying the oral cavity was friable and bled upon contact. Endoscopy revealed inflamed and edematous laryngeal mucosa with slough (Figure 2).

What is the diagnosis?

Answer: refer to page 109

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