

Furthermore, this influence occurs in an allele-specific fashion (2). In addition, HLA-DM polymorphisms have been reported to confer an increased relative risk for such varied entities as rheumatoid arthritis (3), kidney transplant rejection (4), and membranous nephropathy (5). Since HLA-DM is important in determining which peptides are immunogenic, it may be as important as MHC class II molecules in regulating the immune response and therefore in conferring susceptibility to infectious diseases.

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### References

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**Reply to V.S. Sloan:** Dr. Sloan has rightly pointed out the importance of HLA-DM in regulating the immune response in rheumatoid arthritis, kidney transplant rejection, and membranous nephropathy. We did not mention the role of HLA-DM because our review dealt solely with infectious diseases that have well-established HLA associations.

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### Acute Epiglottitis due to *Pasteurella multocida* in an Adult without Animal Exposure

**To the Editor:** *Pasteurella multocida* infection in humans usually involves animal contact, most commonly with a domestic dog or cat (1). Epiglottitis due to human *P. multocida* infection associated with animal contact is very rare (2-4). We report a case of epiglottitis due to *P. multocida* not associated with animal contact.

A 44-year-old patient was admitted to the hospital with fever, throat fullness, and drooling. He had been healthy until 12 hours before admission when he noticed difficulty in swallowing liquids; anterior neck discomfort and fever followed, and soon he could not swallow his saliva.

When he arrived at the Emergency Department of Montefiore Medical Center on September 23, 1996, the patient was mildly toxic and had an oral temperature of 103.2°F. Pulse was 110 and blood pressure 110/70. He was drooling. He had mild anterior neck tenderness, no cervical adenopathy, no pharyngitis on inspection of the oropharynx, and no palate deviation. The heart, lungs, abdomen, and skin showed no abnormalities. A lateral neck radiograph showed an enlarged epiglottis ("thumb sign"). Indirect laryngoscopy confirmed inflamed and edematous epiglottis and supraglottic structures. A culture of the epiglottis was not performed.

On admission, the patient had a hemoglobin of 1.9 g/dL; hematocrit was 48%; white blood cell count was 14,100/mm<sup>3</sup>; and platelet count was 170,000/mm<sup>3</sup>. A machine differential count showed 86% granulocytes, 9% lymphocytes, and 5% monocytes.

The patient was treated with dexamethasone and ceftriaxone. The fever abated rapidly, and all symptoms resolved. Repeat laryngoscopy on day 3 confirmed resolving epiglottitis. Blood cultures taken on admission grew gram-negative, oxidase-positive bacilli that did not grow on MacConkey agar (BBL, Cockeysville, MD) in two sets, both aerobically and anaerobically. The isolate was identified as *P. multocida* by the Vitek GNI card (BioMérieux-Vitek, Inc., Hazelwood, MO). Kirby-Bauer susceptibility testing demonstrated susceptibility to penicillin. Because of the patient's marked improvement after treatment with