Epiglottitis

1. Epidemiology
   a. Commonly misdiagnosed as croup (20% in some studies)
   b. Average age is older than that seen in Croup (Age 2-5)

2. Definition
   a. Potentially fatal infection of supraglottic tissue

3. Etiology
   a. Haemophilus Influenzae
   b. Group A beta hemolytic Streptococcus
   c. Streptococcus Pneumoniae

4. Symptoms (Acute onset with rapid progression)
   a. Initial Symptoms
      i. Severe Pharyngitis
      ii. Fever (often > 103 f or 39 c)
   b. Mild or subtle Stridor
      i. "Look worse then they sound" (opposite of Croup)
   c. Shortness of Breath
   d. Irritability or Restlessness
   e. Dysphagia (difficult swallowing with drooling)
   f. Drooling
   g. Soft muffled voice or Hoarseness

5. Diagnosis (Differentiate from Croup)
   a. Absence of cough
   b. Dysphagia (difficult swallowing with drooling)
   c. Toxic appearance

6. Labs (Make sure Airway is stable!)
   a. Complete Blood Count with Leukocytosis
   b. Left Shift is common

7. Radiology: Lateral Neck X-ray (Make sure Airway is stable!)
   a. Thumb shaped epiglottis (swollen supraglottis)
   b. Diminished vallecula

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8. Management
   a. Avoid Tongue depressor or other oral instruments
      i. Epiglottis irritation may lead to obstruction
   b. Keep patient calm and in Position of comfort
   c. Third Generation Cephalosporin
      i. Ceftriaxone (Rocephin)
         1. 50-75mg/kg/day IV or IM
      ii. Cefuroxime (Ceftin)
         1. 50-100mg/kg/day IV or IM
   d. Controlled intubation by anesthesia and/or ENT
      i. Epiglottis inspection under anesthesia (fiery red)
      ii. Culture epiglottis if possible
      iii. Smaller ET Tube then usual
   e. Controversial therapies
      i. Racemic Epinephrine
      ii. Systemic Steroids