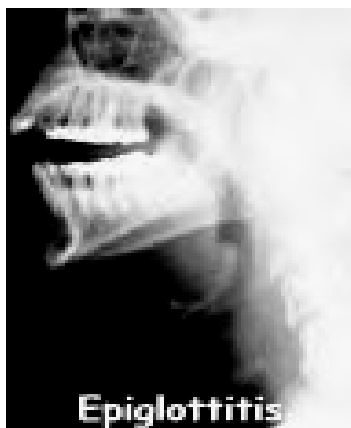


Epiglottitis

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 than 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**