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### Bacterial inflammation of epiglottitis swollen & edematous!

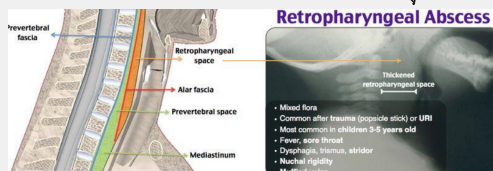
Epiglottitis  
a rare due to vaccine against Hib.  
a sick-looking child (Severe RDS)  
Hyperextended neck (leaning forward)  
to keep airway open.



can dx using lateral X-ray but not necessary to be done clinically

tx: IV Antibiotics, drainage of abscess = Surgical

pts present w/  
high grade fever, new onset stridor  
Drooling (painful swallow), neck/throat pain  
if throat is examined <sup>abscess</sup> Bulging & Deviation of Devia



Uncommon but life-threatening  
in children < 5yrs  
w/o tx -> upper airway obstr + asphyxiation  
mic caused by bacteria & mic: GAS, strep,  
S. aureus, Fusobacterium, Haemophilus spp etc.  
to tx & use Broad spectrum Antibiotics.

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### Croup Viral

Barking cough worse suddenly esp night  
Inspiratory <sup>who</sup> can be biphasic in some cases  
& steeple sign on CXR

tx: Corticosteroid or nebulised Adrenaline



### Tracheitis Bacterial

Fever  
& Muc-purulent secretion  
\* Sick-looking child

can dx using lateral X-ray  
Broad-spectrum antibiotic against Gram + & strep spp.  
Eg: ceftriaxone or IV vancomycin



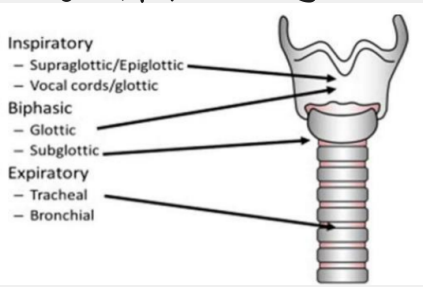
Trachea should be straight & not narrowed

Barking Cough, Inspiratory, <sup>based on</sup> done clinically (stx)  
for tx check ABLS & fix B etc

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Stridor = noisy Breathing due to partial obstruction of the upper airway.

Inspiratory = Croup, Bacterial tracheitis  
Expiratory  
Biphasic



\* Acute

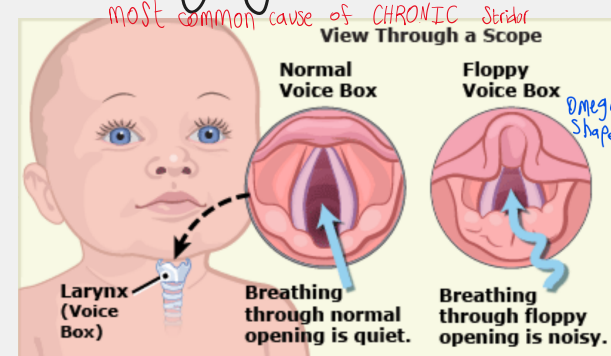
\* Chronic

Acute Stridor  
Infectious Causes:  
Croup most common cause of acute case  
Tracheitis  
Epiglottitis  
Retropharyngeal Abscess  
Foreign Body Aspiration

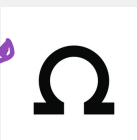
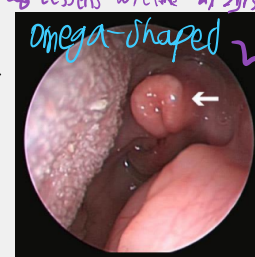
Chronic Stridor  
Laryngomalacia mic. cause of chronic cases  
Vocal cord palsy

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### Laryngomalacia



hx of full-term, normal preg. No signs of IRD  
Symptoms of noisy Breathing (stridor) at 2-8 weeks of baby's life -> lessens w/ time at 2yrs no stridor.  
Exacerbated w/ Infection, crying Or Supine position.  
A laryngoscope will show "Omega-shaped larynx" & Dlx.  
Presentation:  
When baby sleeps, no stridor.



### The child with stridor

Clinical features to assess	
Fever	Toxic, ill looking
Hoarse, barking cough	Exhaustion
Cyanosis	Level of consciousness
O <sub>2</sub> saturation	Drooling saliva
	Stridor
	Chest recession:
	• Mild - at rest only
	• Severe - marked sternal recession even at rest

### Clinical conditions

<b>Croup</b> <ul style="list-style-type: none"> <li>Mostly viral</li> <li>6 months to 6 years of age</li> <li>Harsh, loud stridor</li> <li>Coryza and mild fever, hoarse voice</li> </ul>	<b>Bacterial tracheitis:</b> <ul style="list-style-type: none"> <li>High fever, toxic</li> <li>Loud, harsh stridor</li> </ul>
<b>Epiglottitis:</b> <ul style="list-style-type: none"> <li>Caused by H. influenzae type b, rare since Hib immunisation</li> <li>Mostly aged 1-6 years</li> <li>Acute, life-threatening illness</li> <li>High fever, ill, toxic-looking</li> <li>Painful throat, unable to swallow saliva, which drools down the chin</li> </ul>	<b>Inhaled foreign body</b> <ul style="list-style-type: none"> <li>Choking on peanut or toy in mouth</li> <li>Sudden onset of cough or respiratory distress</li> </ul>
	<b>Laryngomalacia or congenital airway abnormality:</b> <ul style="list-style-type: none"> <li>Recurrent or continuous stridor since birth</li> </ul>
	<b>Other rare causes:</b> <ul style="list-style-type: none"> <li>See Box 16.1</li> </ul>