

Croup Syndromes

	Acute Epiglottitis (Supraglottitis)	Acute Laryngotracheobronchitis (LTB)	Acute Spasmodic Laryngitis (Spasmodic Croup)	Acute Tracheitis
Age	2-5 years; can vary	Infant or child younger than 5 years old	1-3 years old	1 month-6 years old
Etiologic Agent	Bacterial; usually <i>H. influenzae</i>	Viral <ul style="list-style-type: none"> - Parainfluenza virus type 1, types 2 and 3, adenoviruses, RSV, <i>M. pneumonia</i> 	Viral with allergic component	Viral or bacterial with allergic component <ul style="list-style-type: none"> - Most common: <i>S. aureus</i>
Onset	Rapidly progressive; abrupt onset	Slowly progressive	Sudden; at night	Moderately progressive
Major Symptoms	<ul style="list-style-type: none"> - Dysphagia - Stridor aggravated when supine - Drooling - High fever - Toxic appearance - Rapid pulse and respirations 	<ul style="list-style-type: none"> - URI - Stridor - Brassy cough - Hoarseness - Dyspnea - Restlessness - Irritability - Low-grade fever - Nontoxic appearance 	<ul style="list-style-type: none"> - URI - Croupy cough - Stridor - Hoarseness - Dyspnea - Restlessness - Symptoms awakening child but disappearing during the day - Tendency to recur 	<ul style="list-style-type: none"> - URI - Croupy cough - Purulent secretions - High fever - No response to LTB therapy
Treatment	<ul style="list-style-type: none"> - Airway protection, possible intubation, tracheostomy - Humidified oxygen - Corticosteroids - Fluids - Antibiotics - Reassurance 	<ul style="list-style-type: none"> - Humidified mist if needed - Corticosteroids - Fluids - Reassurance - Nebulized epinephrine (short-term improvement) - Heliox (mod.-severe croup) 	<ul style="list-style-type: none"> - Cool mist - Reassurance 	<ul style="list-style-type: none"> - Antibiotics - Fluids