

Croup Syndromes

	Acute Epiglottitis (Supraglottitis)	Acute Laryngotracheobronchitis (LTB)	Acute Spasmodic Laryngitis (Spasmodic Croup)	Acute Tracheitis
Age	2-5 years	6 months – 3 years old	6 months – 3 years old	5-7 years old
Etiologic Agent	H, Influenzae	Parainfluenza virus type 1 followed by parainfluenza virus types 2 and 3. Adenoviruses, RSV, and pneumonia.	Unknown cause	S. Aureus, M. Catarrhalis, pneumoniae, pyogenes. Influenza also.
Onset	Abrupt and can rapidly progress to severe respiratory distress.	Gradual onset	Sudden during the night	Gradual onset over a couple of days then abrupt worsening.
Major Symptoms	Goes to bed asymptomatic and awakens complaining of sore throat and pain during swallowing. Fever. Insists in sitting tripod positioned. Tongue is protruding and drool is common due to pain. Irritable. Can develop into cyanosis.	Starts as low grade fever, barking brassy cough, dyspnea, stridor and retractions, tachypnea. Can lead to in severe cases respiratory acidosis and respiratory failure.	Barking, metallic cough, hoarseness, noisy inspirations, restless. Anxious and frightened.	Croupy cough, stridor, absence of drooling, high fever, elevated WBC count, thick purulent tracheal secretions.
Treatment	Endotracheal intubation or nasotracheal intubation. Humidified oxygen. Antibiotic therapy	Goal is to maintain airway. Mild can be managed at home. Cool mist, face mask or blow by, cold water vaporizer or humidifier, Nebulized racemic epinephrine. Oral steroids. Supplemental oxygen.	Cool mist for the child's room, warm mist provided by steam from hot running water	Fluid management, antibiotics, antipyretics. Endotracheal intubation and mechanical ventilation.