

Acute Epiglottitis

- History
 - Fever, sore throat, odynophagia, shortness of breath, hoarse or muffled voice
- Physical Exam
 - Anterior neck tenderness, Lymphadenopathy, Drooling, Stridor
 - Tripod position
 - Sitting upright, leaning forward with mouth open and jaw thrust forward
- Diagnosis
 - Suspect in all patients who have relatively acute onset of sore throat, fever and odynophagia
 - Direct or fiberoptic laryngoscopy is the gold standard
 - In the ED, fiberoptic is OK in adults, but not kids
 - Peds with moderate to severe symptoms should go to the OR for simultaneous airway control and diagnosis confirmation
 - With mild symptoms
 - Lateral soft tissue neck films
 - Thumbprint sign
 - Vallecular sign
 - More sensitive and specific
- Management
 - Airway control is paramount
 - Adults
 - RSI is recommended, may need emergency cricothyroidotomy
 - Peds
 - Place in quiet nonstimulating environment
 - Allow them to assume most comfortable position
 - Airway management optimally performed in the OR
 - Antibiotics
 - 2nd or 3rd generation cephalosporin to cover Hib and β Strep
 - Humidified oxygen, IV fluids
 - Steroids and racemic epi remain controversial

Croup

- History/Physical
 - Prodromal symptoms typical of viral URI
 - Fever is common
 - On day 3 – Classic symptoms develop
 - Barky cough
 - Hoarseness
 - Varying degrees of stridor
 - Possible respiratory distress
 - Croup is usually worse at night
 - Children typically improve if exposed to cool or humidified air
- Management
 - Generally treated with supportive care
 - If more severe disease
 - Decadron
 - 0.6 mg/kg PO or IM
 - Racemic epinephrine
 - 0.25 to 0.5 ml neb, may repeat up to 3 times
 - Watch for 3 hours before discharge
 - Budesonide
 - 2 mg via neb
 - Shown to be equivalent to oral dex, but much more expensive

Bacterial tracheitis

- History
 - Symptoms may be intermediate between those of epiglottitis and croup
 - high fevers, toxic appearance, stridor, respiratory distress, and high WBC counts
 - croup-like symptoms and either do not respond to standard treatment or clinically worsen
- Physical
 - Inspiratory stridor (with or without expiratory stridor)
 - Barklike or brassy cough, hoarseness, sore throat, odynophagia, dysphonia
 - Sore throat, odynophagia
 - Dysphonia
 - No drooling
 - No specific position of comfort (The patient may lie supine.) – as opposed to epiglottitis
- Management
 - Early ENT consultation for laryngotracheobronchoscopy
 - Only definitive means of diagnosis
 - Direct visualization and culture of purulent tracheal secretions
 - May be therapeutic by performing tracheal toilet and stripping purulent membranes
 - Intravenous access and Antibiotics

Retropharyngeal Abscess

- History
 - Symptoms in adults and children
 - Sore throat, fever, neck stiffness/pain, odynophagia
 - Symptoms in infants
 - Fever, neck swelling, poor oral intake, rhinorrhea, lethargy, cough
- Physical signs
 - Posterior pharyngeal edema, nuchal rigidity, cervical adenopathy, fever, drooling, stridor, torticollis, neck mass
- Diagnosis
 - Lateral soft tissue neck
 - >6 at C2, >22 at C6
- Management
 - Airway, antibiotics, ENT consultation

Peritonsillar Abscess

- History
 - Symptoms usually begin 3-5 days prior to evaluation.
 - Sore throat, dysphagia, change in voice, fever, neck pain
- Physical
 - Drooling, salivation, trouble handling oral secretions, trismus
 - Hot potato/muffled voice (sounds like they are talking with hot food in their mouth)
 - Asymmetric tonsillar hypertrophy with contralateral deviation of the uvula

Ace-I induced Angioedema

- History/Physical
 - Acute swelling, usually of the head and neck region
 - Short symptom duration before presentation
- Management
 - Maintain the airway
 - Treat like an allergic reaction
 - Subcutaneous epinephrine, 0.3-0.5 mg of 1:1000 SC, Antihistamines, Steroids

Ludwig's Angina

- History/Physical
 - Symptoms include sore throat, dysphonia, dysphagia, submandibular swelling, halitosis
 - Fever, floor of the mouth appears full, +/- tongue elevation
 - Submandibular region is tender to palpation
- Management
 - Airway!
 - Antibiotics!