Onset	Rapidly progressive	Slowly progressive	Sudden; at night	Moderately progressive
Major symptoms	Dysphagia Stridor aggravated when supine Drooling High fever Toxic appearance Rapid pulse and respirations	URI Stridor Brassy cough Hoarseness Dyspnea Restlessness Irritability Low-grade fever Nontoxic appearance	URI Croupy cough Stridor Hoarseness Dyspnea Restlessness Symptoms awakening child but disappearing during day Tendency to recur	URI Croupy cough Purulent secretions High fever No response to LTB therapy
Treatment	Airway protection Corticosteroids Fluids Antibiotics Reassurance	Humidified oxygen if needed Corticosteroids Fluids Reassurance	Cool mist Reassurance	Antibiotics Fluids

LTB, Laryngotracheobronchitis; *URI*, upper respiratory infection.

With widespread immunization programs aimed at preventing *H. influenzae* type b, the cause of most cases of croup in the United States is attributed to viruses, namely parainfluenza virus, human metapneumovirus, influenza types A and B, adenovirus, and measles.

Acute Epiglottitis

Acute epiglottitis, or acute supraglottitis, is a medical emergency. It is a serious obstructive inflammatory process that occurs predominantly in children 2 to 5 years old but can occur from infancy to adulthood. The obstruction is supraglottic as opposed to the subglottic obstruction of laryngitis. The responsible organism is usually *H. influenzae*. LTB and epiglottitis do not occur together.

Clinical Manifestations

The onset of epiglottitis is abrupt, and it can rapidly progress to severe respiratory distress. The child usually goes to bed asymptomatic to awaken later, complaining of sore throat and pain on swallowing. The child has a fever; appears sicker than clinical findings suggest; and insists on sitting upright and leaning forward (**tripod position**) with the chin thrust out, mouth open, and tongue protruding. Drooling of saliva is common because of the difficulty or pain on swallowing and excessive secretions.