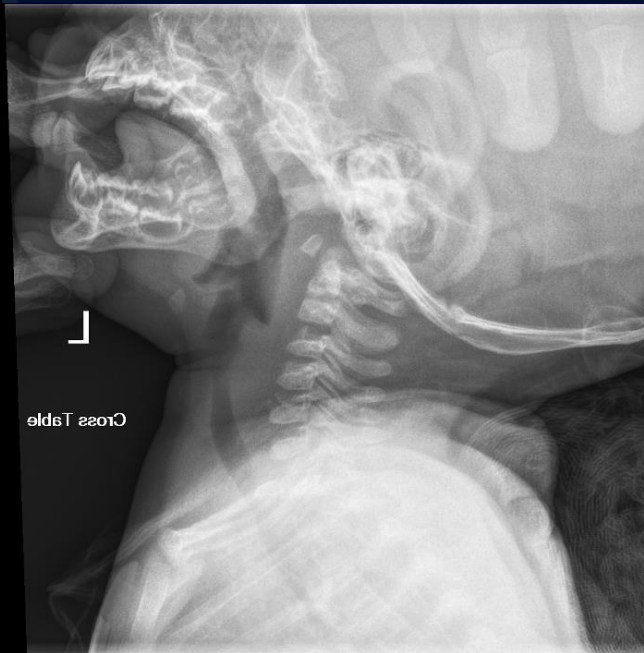


4-year-old male with stridor

John J. DeBevits IV, MD



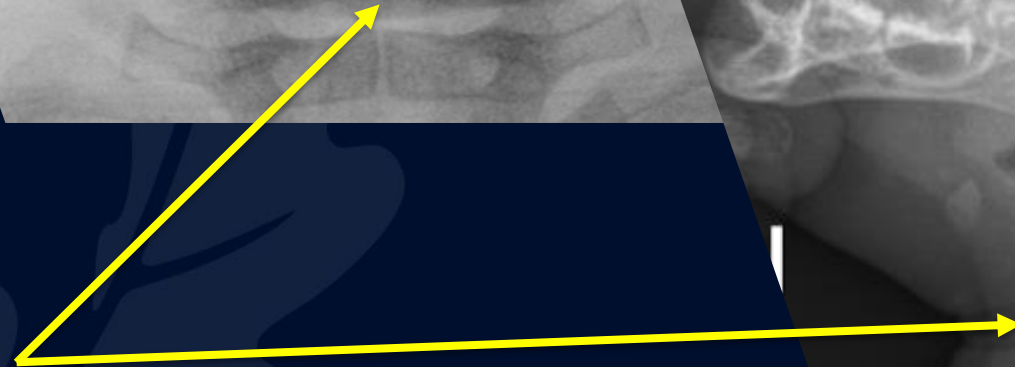


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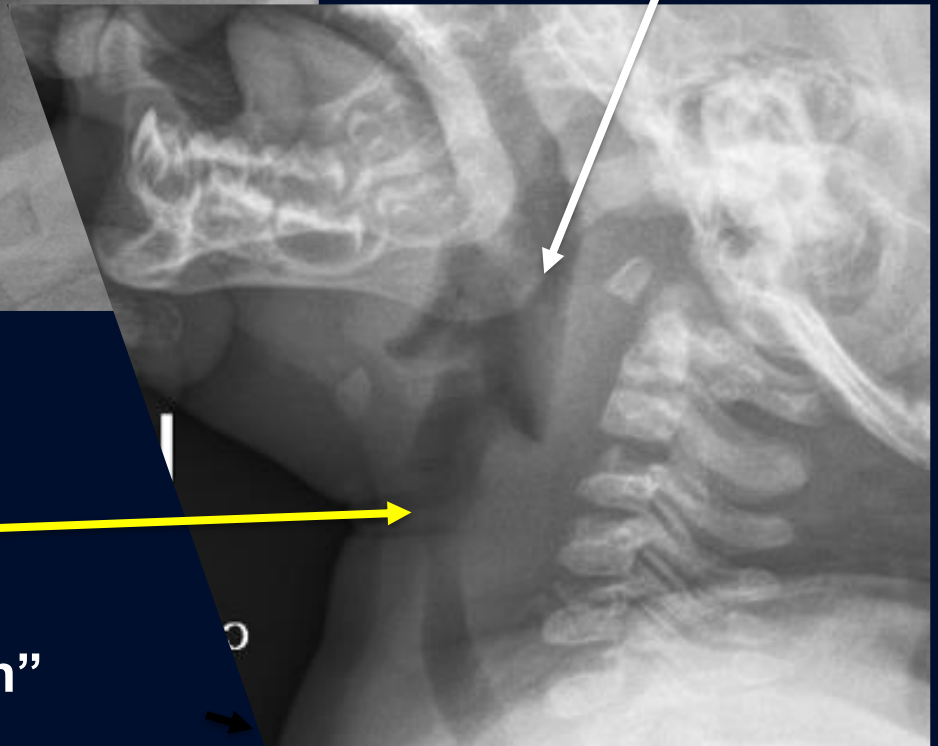
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide, partially overlapping the title text.

Laryngotracheobronchitis (Croup)

Subtle dilatation of the hypopharynx

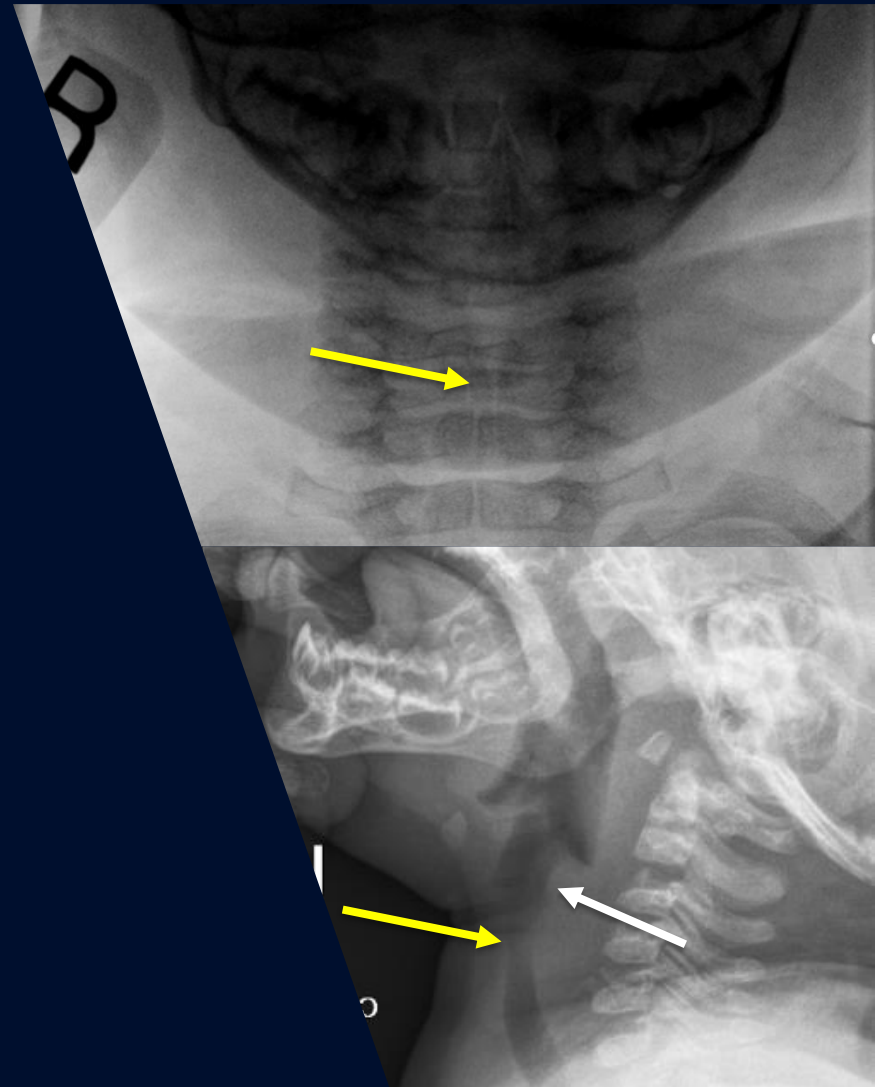


Severe subglottic tracheal narrowing, aka "steeple sign"



Laryngotracheobronchitis (Croup)

- Most common cause of stridor in young children
 - Inspiratory and expiratory
- Inflammation of the glottis, subglottic trachea, trachea, and even bronchi
- Viral cause, typically Parainfluenza type I
- Plain film mostly to exclude aspiration of foreign body or retropharyngeal abscess
- Classic “steeple sign” on AP film
- May also see hypopharyngeal dilatation
- Treatment with nebulized epinephrine (racemic) and steroids
- Self-limited, rarely requiring hospitalization or intubation



References

- <http://pubs.rsna.org/doi/abs/10.1148/radiology.216.2.r00au18428?journalCode=radiology>
- https://www.med-ed.virginia.edu/courses/rad/peds/chest_webpages/ch8.2croup.html
- <http://www.pedsradiology.com/Historyanswer.aspx?qid=303&fid=1>