

# 4-year-old male with stridor

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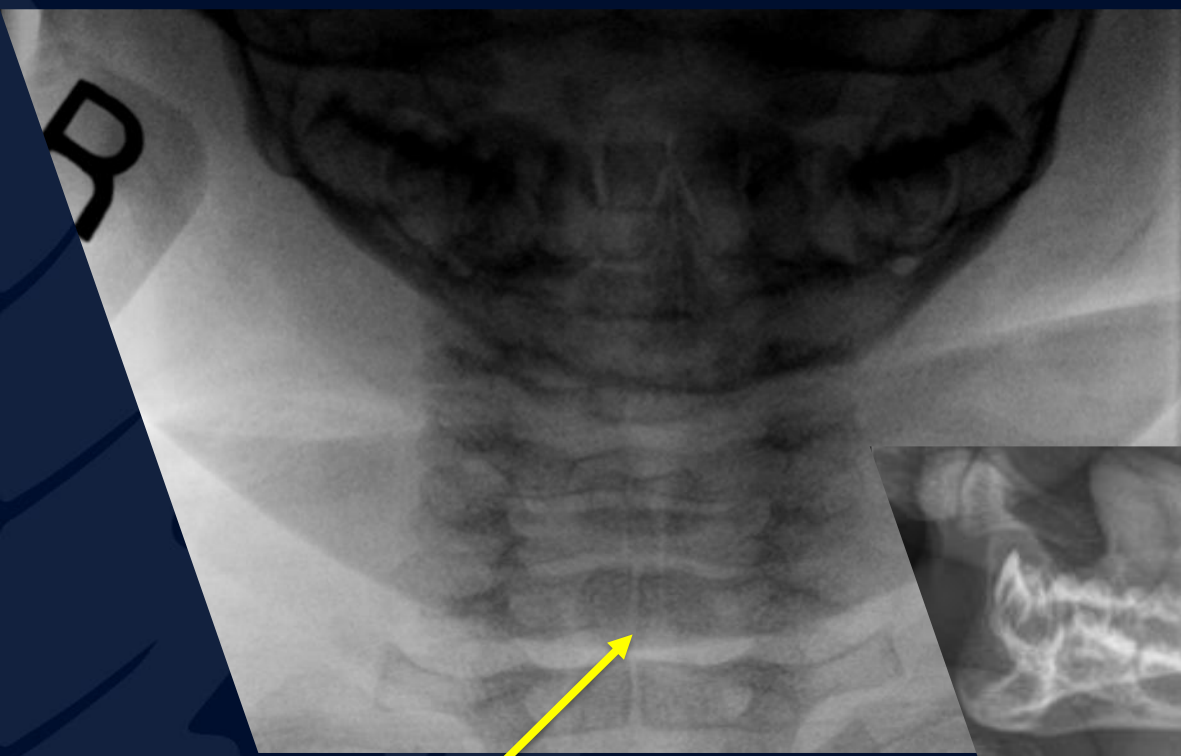




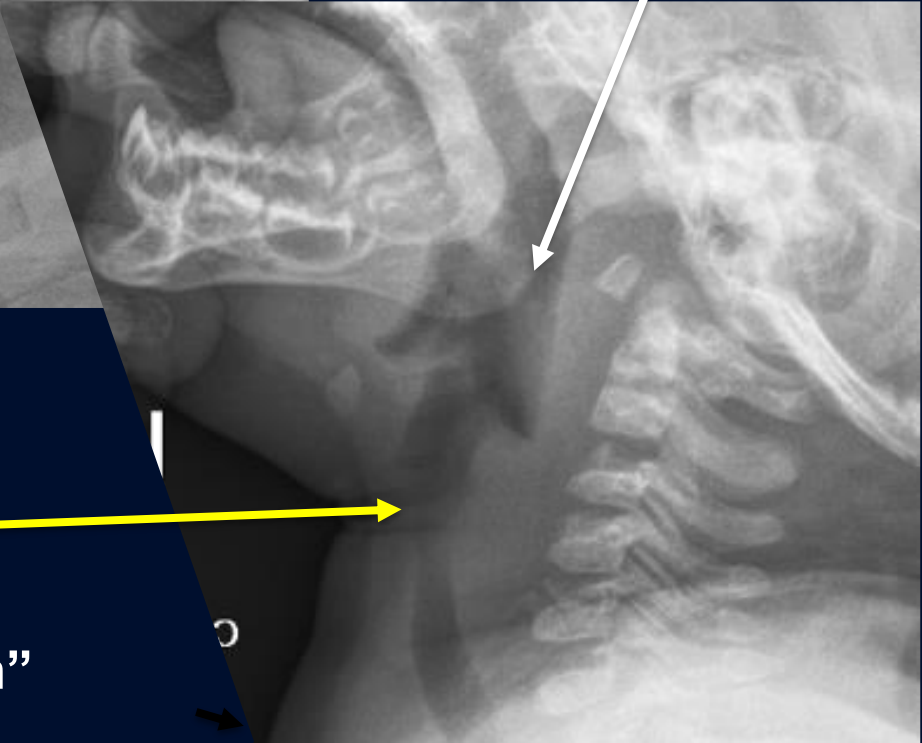
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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide, partially overlapping the title text.

# Laryngotracheobronchitis (Croup)



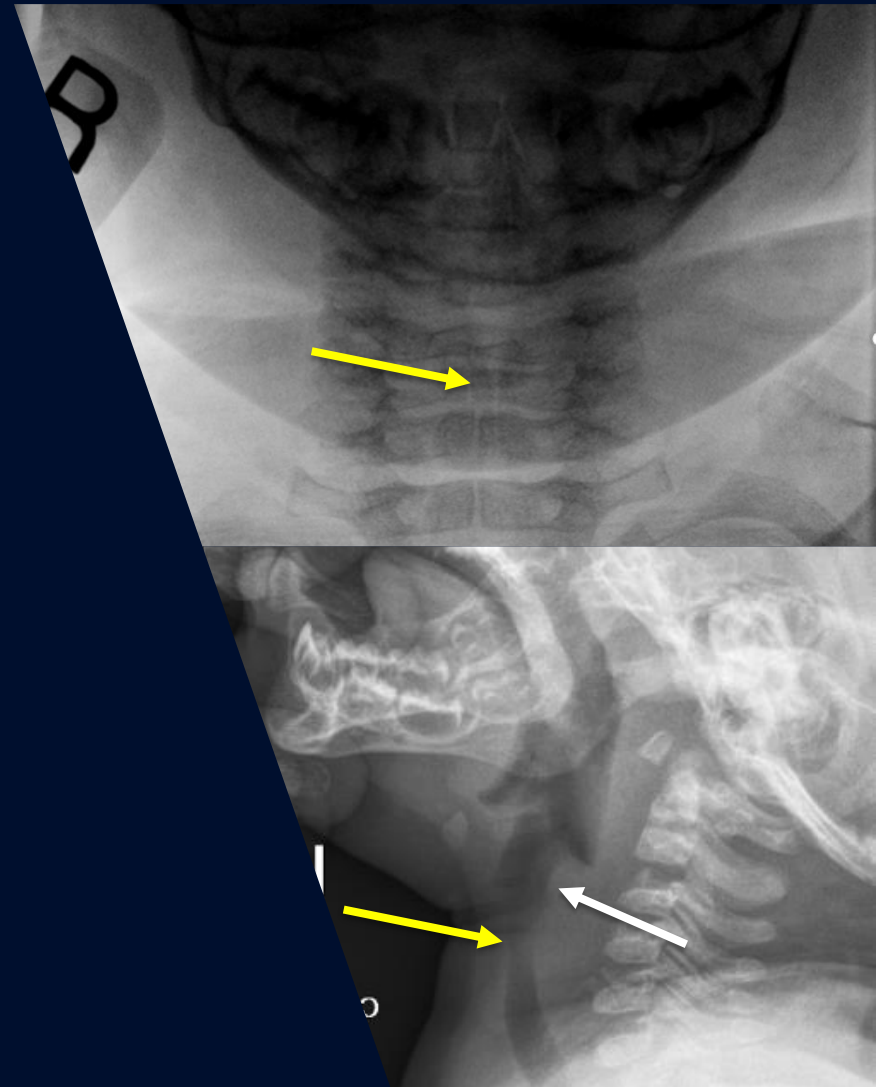
**Subtle dilatation of the hypopharynx**



**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](https://www.med-ed.virginia.edu/courses/rad/peds/chest_webpages/ch8.2croup.html)
- <http://www.pedsradiology.com/Historyanswer.aspx?qid=303&fid=1>