

EPIGLOTTITIS

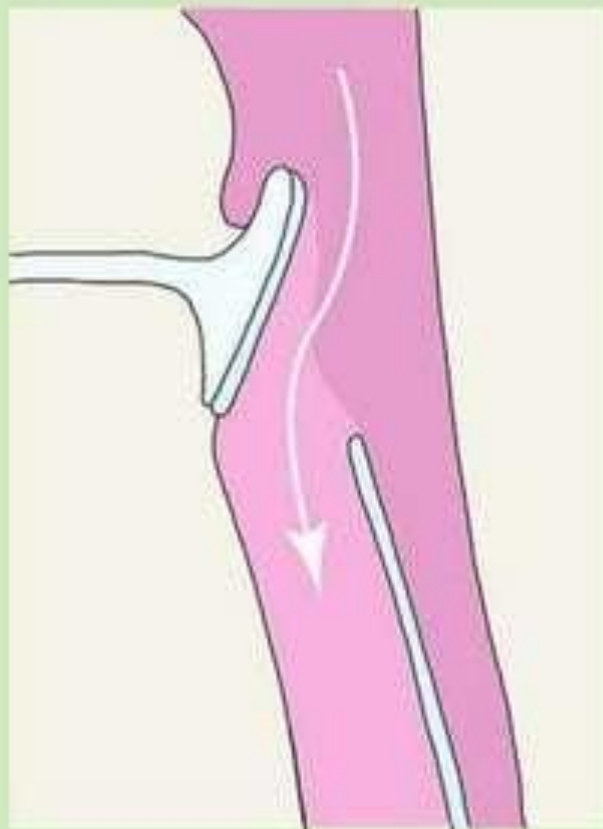
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GROUP 2

FUNCTION OF EPIGLOTTIS

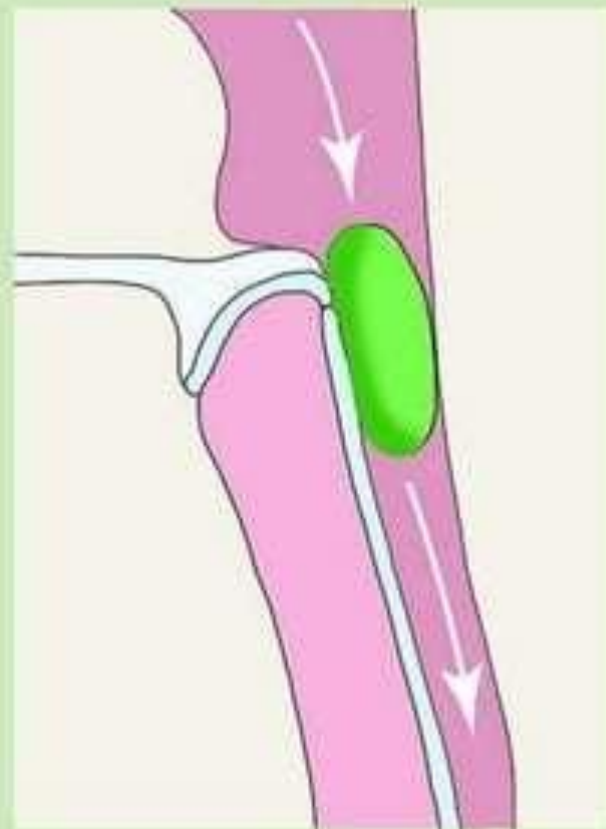
The **epiglottis** is a flap in the throat that keeps food from entering the trachea and the lungs.

The flap is made of elastic cartilage covered with a mucous membrane.

It stands open during breathing, allowing air into the larynx. During



Position of epiglottis for breathing



Position of epiglottis for swallowing

EPIGLOTTITIS

Epiglottitis is inflammation of the epiglottis. More often caused by bacteria. Other possible causes include burns and trauma to the area. This condition can block airflow to the lungs and potentially life-threatening.

CAUSATIVE ORGANISM

- H. influenzae type B
- H. parainfluenzae
- S. pneumonia
- Group A streptococcus
- Others : group c strep, N. meningitidis, klebsiella.
- Non infectious causes : thermal, caustic, trauma , post foreign body ejection,
- Previous viral infection can also predispose to this condition

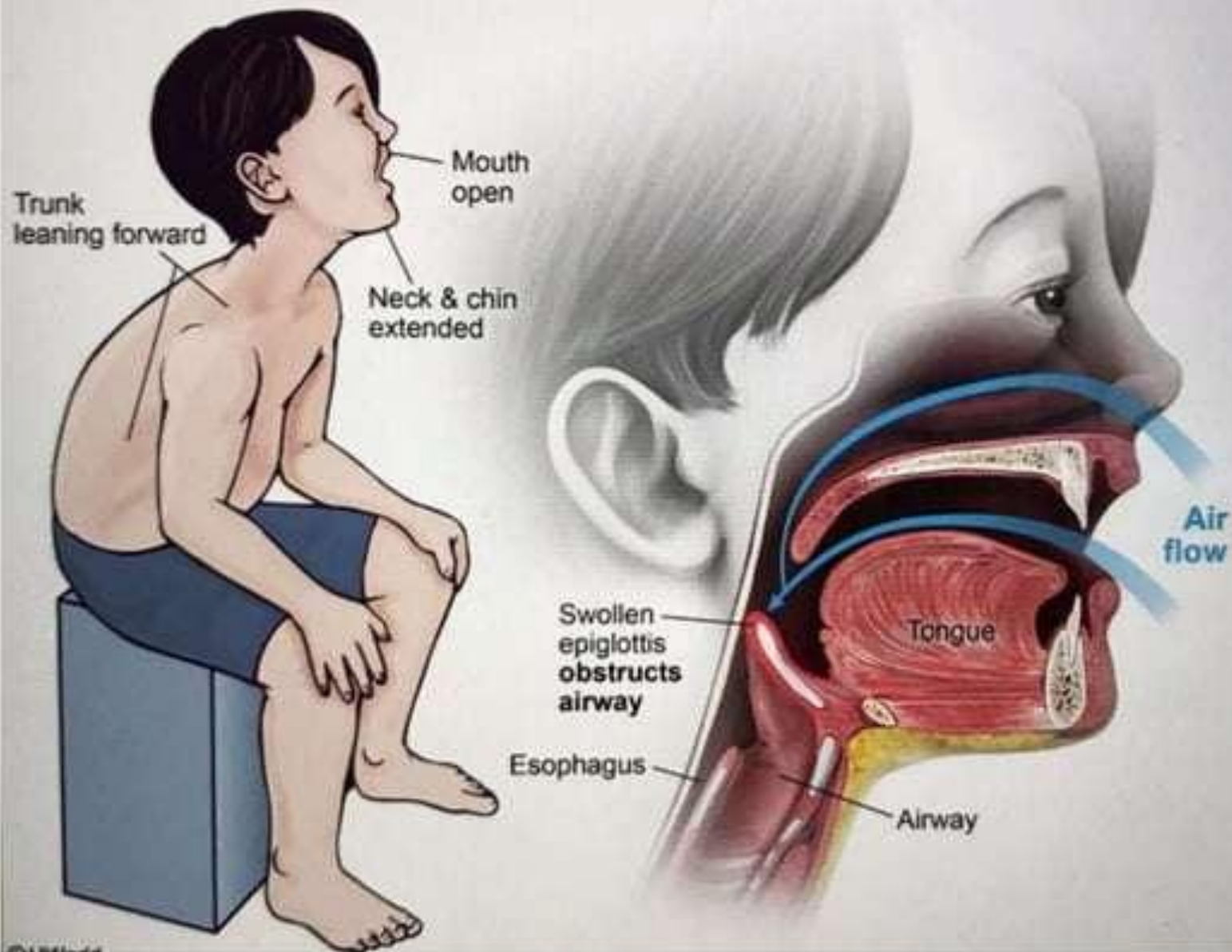
PREVALENCE & RISK

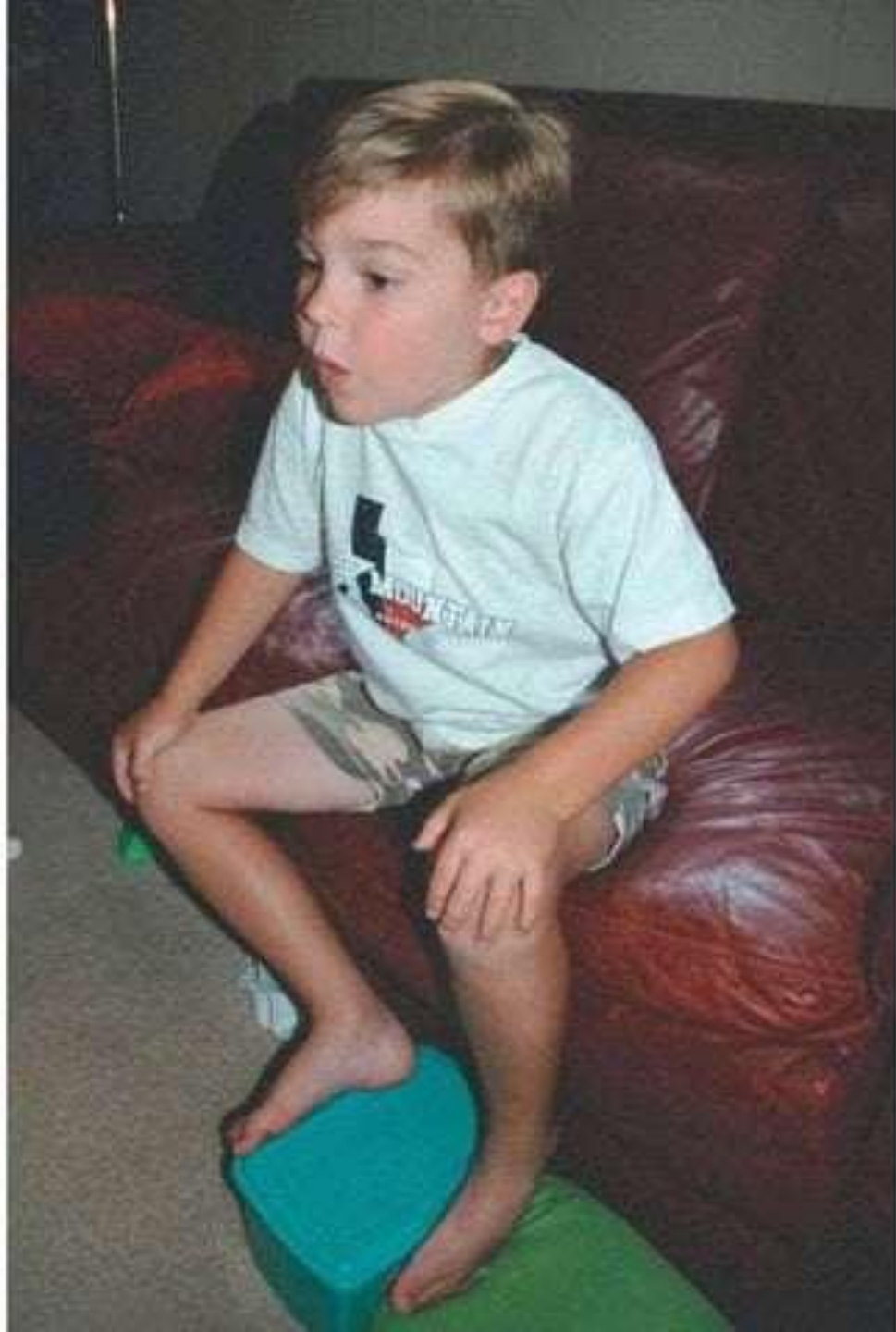
- Incidence 0.63/100 000
- Anyone can develop epiglottitis.
- Several factors can increase the risk of developing it:
 - age** – age below 12 months childrens are at high risk but the peak is between 2-6 years
 - sex** – male are more likely to get , but the reason is not clear
 - environment** - heavily populated environments
 - weak immune system**- Poor immune function makes it easier for epiglottitis to develop. Having diabetes has been shown to be a risk factor in adults.

SYMPTOMS

- The symptoms of epiglottitis that are common in children include:
- High fever
- Drooling
- Stridor
- Retractions
- Anxiety increase
- Airways obstruction
- Difficulty swallowing
- Restlessness
- Lessened symptoms when leaning forward or sitting upright

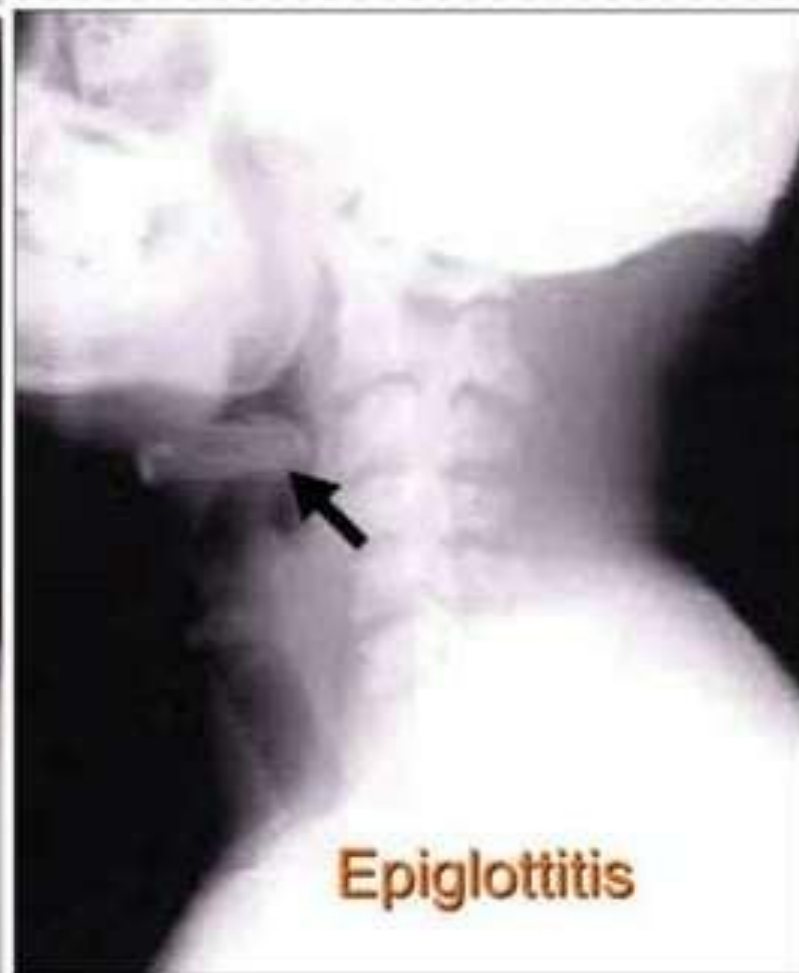
Tripod position & epiglottitis

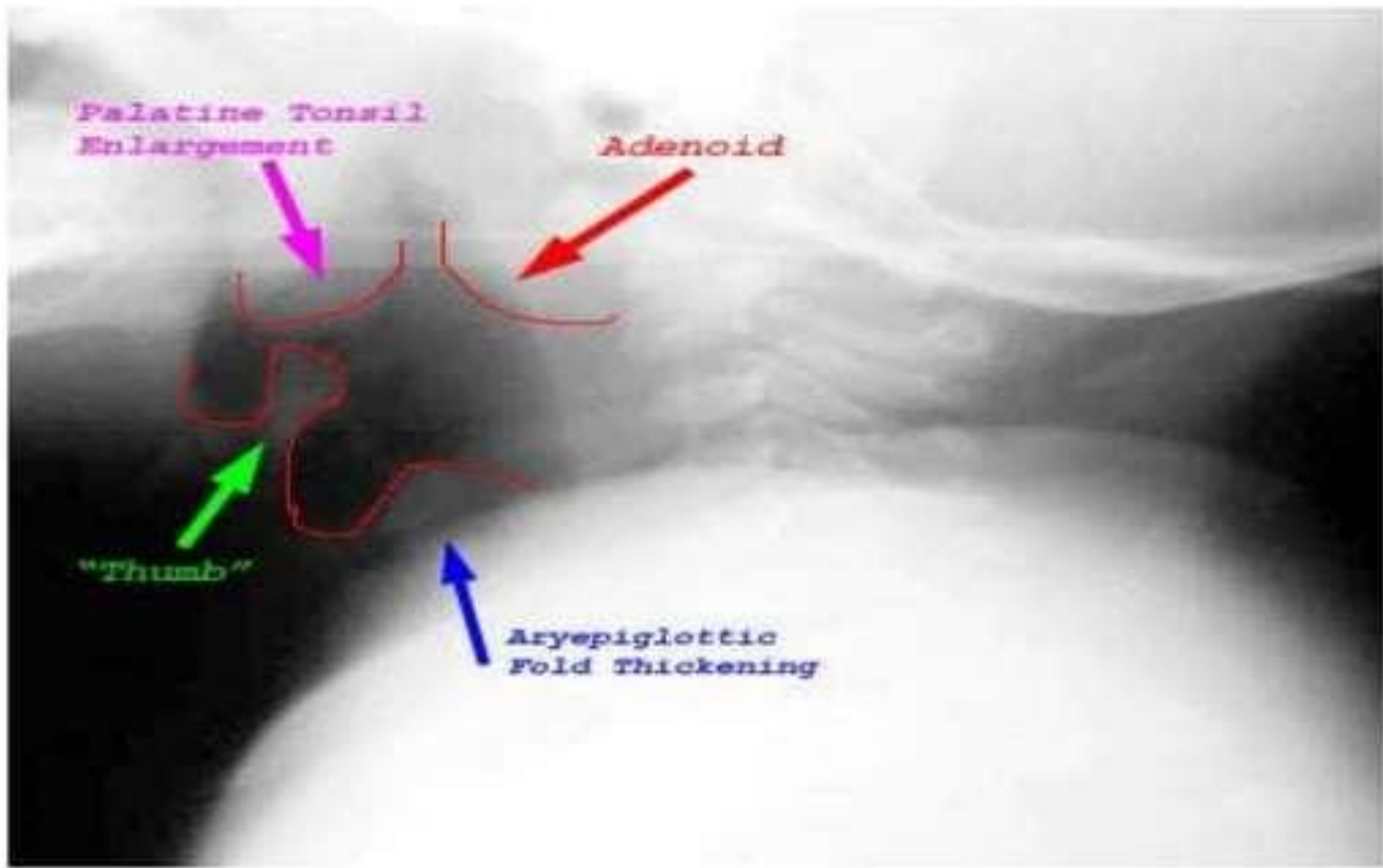




DIAGNOSIS

- Direct inspection with laryngoscope.
- X-rays (lateral view) at bedside should be performed of throat and chest to view the severity of the inflammation and infection.
- Throat and blood cultures to determine the cause of infection.





Palatine Tonsil
Enlargement

Adenoid

"Thumb"

Aryepiglottic
Fold Thickening

TREATMENT

- Secure airway first – nasotracheal intubation
- If nasotracheal intubation
- I.V antibiotics – 3rd or 4th gen cephalosporin (ceftriaxone , cefotaxime, cefuroxime)
- Intravenous fluids for nutrition and hydration until able to swallow again.
- Anti-inflammatory medication, such as corticosteroids, to reduce the swelling.

PREVENTION

We can reduce the risk of getting epiglottitis by doing several things:

- Children should receive two to three doses of the **Hib** vaccine starting at **2** months of age. Typically, children receive a dose when they are 2 months, 4 months, and 6 months old. Child will also receive a booster between 12 and 15 months old.
- Wash your hands frequently or use alcohol sanitizer to prevent the spread of germs.
- Avoid drinking from the same cup as other people and sharing food or utensils.
- Maintain good immune health by eating a proper diet, avoiding smoking, getting adequate rest, and properly managing all chronic medical conditions.

Thank You