

Acute inflammations of larynx

This includes minor catarrhal laryngitis and stenosis - epiglottitis and subglottic laryngitis.

Bluetongue acute laryngitis

It is a common disease affecting all age groups, it usually occurs as part of HCD catarrh. It can occur as laryngotracheitis or laryngotracheobronchitis.

Etiology

Most often it is a viral infection (with possible bacterial superinfection), the cause is due to colds, environmental influences, voice abuse.

Symptoms

Acute hoarseness, scratching in the throat, cough, cough (initially dry), general symptoms are usually absent.

Examination

Laryngoscopy – redness and leakage of the mucosa, especially on the vocal cords.

Therapy

Symptomatic - voice calm, humidification, no smoking, fluids, vitamin C, antitussives, ATB with impending superinfection.

Acute epiglottitis

200px|thumb|Viditelná epiglottis u akutní epiglottidy

Iron

- Suffocating HCD inflammation, peracute laryngitis with extreme swelling of the epiglottis that closes the entrance to the larynx if suffocation is not provided quickly, there is a risk of suffocation.
- It is rare, mostly affects children, but also adults.

Etiology

Haemophilus influenzae type b.

Clinical picture

It begins with a sharp cutting sore throat and difficulty swallowing, stagnation of saliva and mucus. Then dyspnoea appears - at first usually while lying on the back.

The patient is pale, hypoxic, looking for a relief position - sitting, a slight forward bend, saliva flows out of his mouth, which cannot flow through the valleculae along the epiglottis.

The child is usually apathetic.

They tend to be febrile and altered in the general condition.

The epiglottis is usually visible even without a mirror when the tongue is pressed - it is red and swollen.

Therapy

transport to the nearest ARO workplace.

Transport must be seated with a medical escort ready for emergency airway management.

i.v. corticoids, humidify the air.

The basic treatment are ATB (aminopenicillins with beta-lactamase inhibitors, cephalosporins).

Acute subglottic laryngitis

Iron

- A special form of laryngitis, swelling of the anatomically narrowest part of the larynx - subglottis.
- It occurs many times more often than the previous one, the course is less dramatic. Seasonal highs are in spring and autumn.
- Practically exclusively for children, most often up to five years.

Etiology

Viruses (adenoviruses influenza, parainfluenza, myxoviruses), allergy can be a factor too.

Clinical picture

It starts suddenly without previous problems.(it can follow the HCD catarrh). At night, there is a sudden seizure of inspiratory dyspnea with inspiratory stridor, jugular twitching and cyanosis may be present. The cough has a barking, croaking character, the voice is rough and harsh, the child is restless, anxious, febrile, the general condition may be altered.

Examination

Snažíme se zhlédnout epiglottis, nitro hrtanu nevyšetřujeme (riziko laryngospazmu), jinak bychom pod hlasivkami pozorovali zarudlé, hladké návalky.

Therapy

Hospitalization in the case of children. Corticosteroids i.m. (in more severe cases i.v.) - hydrocortisone 10 mg / kg. As a rule, corticoids cause rapid wheezing.

In addition to corticoids, we give sedatives, mucolytics (or antitussives and antihistamines).
ATB in severe cases of debilitated children at risk of superinfection.
Intubation or other securing is required only in exceptional cases.
Microclimate adjustment - humidification of inhaled air, calming of the child, adjustment of position, sufficient watering.

References

Source

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Literature

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