

Croup

Croup is a very common illness that is caused by a virus and occurs throughout the year, but with higher frequency during the winter months (late October through March). Croup is usually described as an illness that affects children six months to six years of age, although disease outside these ages is possible.

Croup is caused primarily by parainfluenza virus infection, but can also be caused by adenovirus and seasonal influenza. Croup is characterized by the typical “seal bark” cough, but more importantly by “stridor”—a harsh inspiratory (breathing-in sound). The illness begins with a sore throat of varying degree, usually some hoarseness that increases in the evening of the day of onset. Generally, as the child goes to bed, within several hours, the cough abruptly begins followed by the stridulous breathing—often causing the child a great deal of distress breathing, with retractions (sinking in of the skin during breathing, between the ribs or in the neck.) The breathing problem increases as the night progresses, but usually begins to lessen as the morning approaches. Typically, during the next day, symptoms are minimal leading parents to assume that it is going away. Alas, the second and third nights may be worse than the initial night. Subsequently, stridor then subsides but upper respiratory cold and cough symptoms may persist for up to several weeks.

Stridor is caused by inside swelling of the trachea (windpipe) just below the voice box. The narrowing causing the breathing problem can be severe and can actually become critically narrow enough to endanger the child’s life.

Today’s therapy aims at prevention or minimizing the narrowing of the windpipe. This is usually done with the administration of a steroid (typically dexamethasone) for 1-3 days, as directed by dosage and doctor’s recommendation. Older time remedies include using a cool mist humidifier, shower steam, or going outside to breathe cold air—all of these remedies are useful in reducing swelling; however, the preferred treatment for significant stridor is the use of steroids.

Because croup is a viral infection, antibiotics are not useful nor indicated for treatment. However, approximately one-third of children who contract croup may concurrently develop a bacterial ear infection, hence may be given an antibiotic to treat the ear infection. Croup is very contagious and the virus may be passed to adults who then may develop a sore throat, hoarseness, and varying degrees of fever. Stridor in an adult is infrequent because of their larger windpipe.