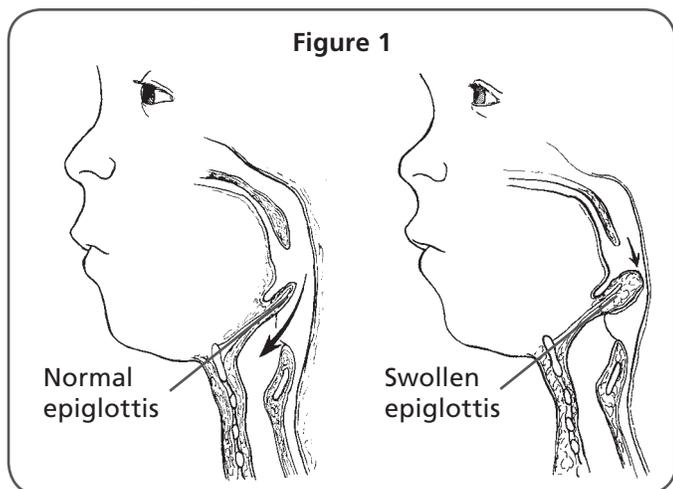


Let's Talk About...

Epiglottitis

Epiglottitis (ep-i-glaw-TITE-iss) is the swelling of the epiglottis (ep-i-GLAW-tiss). The epiglottis is a tongue-like flap of tissue that covers the opening to the trachea (windpipe). Epiglottitis is dangerous because the swelling can make it difficult or impossible to breathe (see Figure 1).



Epiglottitis may occur any time of the year, but it often happens in winter and spring. Children of all ages and adults can be affected. A bacteria called Hib often causes this infection. However, epiglottitis has become very uncommon thanks to the Hib vaccine.

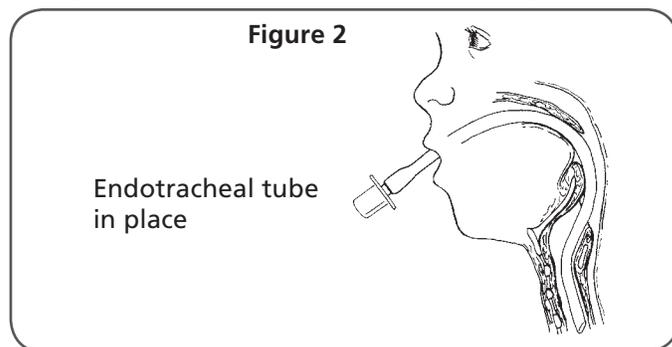
What are the signs of epiglottitis?

Your child may show one or more of these signs:

- A fever greater than 102°F
- Trouble breathing
- Wanting to sit up rather than lie down
- A very sore throat
- A soft voice
- Drooling
- Refusing to eat

How do you treat epiglottitis?

Treatment will be immediate. The goal is to keep your child calm and open the airway from the mouth to the lungs. To do this, a tube will be placed through your child's mouth into the windpipe. This procedure is called intubation (see Figure 2).



Your child will be admitted to the pediatric intensive care unit (PICU) for continued treatment.

Caregivers will give your child antibiotics and other medicines to reduce swelling and fight infection. The swelling is usually gone in 12–72 hours.

Your child will take antibiotics for 10 days, first by IV (a tiny tube into the vein). Once the swelling has gone down and the breathing tube is removed, your child can take antibiotics by mouth. Your child will be moved out of the PICU to a different unit or go home. Make sure your child takes all antibiotics to prevent another infection.

How do you prevent epiglottitis?

Children of certain ages should get the Hib vaccine to avoid getting epiglottitis. Ask your child's doctor whether your child needs this vaccine. Family members may need preventive treatment as well, so ask your family's doctor.

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