[PICTURES IN CLINICAL MEDICINE]

The Steeple Sign of Croup in an Adult

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Picture 1.

Picture 2.

A 98-year-old woman presented to our emergency department with dyspnea and barking cough. Her respiratory rate was 24 breaths/min, and her oxygen saturation was 90% on room air. A physical examination revealed stridor on auscultation. Chest radiography demonstrated subglottic stenosis, indicated by the so-called steeple sign (Picture A, arrow-head), as did neck computed tomography (Picture B). A rapid diagnostic test was positive for influenza A. The patient was intubated with a 6.5-mm tracheal tube and received intravenous peramivir (600 mg/day) for 5 days. She was extubated on the seventh day. Adult croup is a rare, severe condition requiring more aggressive management and longer hospitalization than in children (1). Typical causative microorganisms are parainfluenza virus type 3, influenza virus, *Haemophilus influenzae*, *Streptococcus*, and respiratory syncytial virus (1). Significant subglottic edema is an obvious indication for intubation. A narrow endotracheal tube

should be used to overcome subglottic edema and ensure reliable intubation (2).

The authors state that they have no Conflict of Interest (COI).

References

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