LETTER TO THE EDITOR

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To
Editor in Chief
Journal of Bangladesh College of Physician and Surgeon

At first I would like to thank to the editor for publishing the time demanding review on croup. Both specialist and non- specialist doctors should keep croup in mind when a child comes with respiratory complaints. As a country with low socioeconomic status and high population density, this disease is actually more prevalent than we think. This disease is usually treated as pneumonia and other respiratory diseases with antibiotics, salbutamol and other drugs which is irrational. I have gone through the article and have certain observations. The content and illustration of the article is nice and informative. But there are some areas where there are options for modification.

a) The differential diagnoses of croup are incorporated within the clinical features. As I have mentioned earlier that croup is sometimes misdiagnosed. So, I think the differential diagnoses and their distinguishing features could be given in a tabulated form.

b) Regarding the severity of croup two different systems are mentioned, which I think, might confuse the treating physicians. So, a single system of assessing the severity may be emphasized.

c) Before giving any intervention a child with significant respiratory distress must have a thorough clinical evaluation particularly to look at the patency of the airway and to find how to how to maintain the patency of airway, ventilation and oxygenation.

Concurrently, careful monitoring of the heart rate (for tachycardia), respiratory rate (for tachypnoea), respiratory mechanics (for sternal wall retractions) and pulse oximetry (for hypoxia) are important. Assessment of the patient's hydration status, given the risk of increased insensible losses from fever and tacypnoea, along with a history of decreased oral intake, is also imperative.

d) Last of all I would like to mention that the critical care that a child with severe croup may need was not mentioned in the article.

Over all I think the article is informative, updated and easy to understand. I would like to thank the authors for their hard work.

Dr. Laila Yeasmin
Asstt. Prof. of Paediatrics
Dhaka Medical College
Dhaka

Reference:

1. Defendi GL, Steele RW, Croup. http://emedicine. medicine. medscape.com/article/962972. (accessed 8 May 2013).

Author's reply

To
The Editor-in-Chief
Journal of Bangladesh College of Physicians and Surgeons

Sir,

We thank Dr. Laila Yeasmin for her interest in our article. It's really appreciating that she read the article between the lines. She is right in mentioning that the list of differential diagnoses would be easy to understand if it would have been put in a tabulated form. We highlighted issues regarding the management.

In response to her second query, we would like to say that yes we completely agree with her. Only clinical assessment might vary from individual to individual. So along with clinical assessment, addition of clinical scoring gives more information of the patient's condition.

Last of all, regarding the critical care management of croupy child it was mentioned that with the available treatment options, requirement of intubation became very low. Yet infants and children with severe respiratory distress ventilation support, initially with a bag-valve-mask device. If the airway and breathing require further stabilization due to increasing respiratory fatigue, worsening hypercarbia (as evident by ABG), the patient should be intubated and transferred for their ongoing care to a paediatric intensive care unit. We again thank Dr. Laila Yeasmin for her positive interest on the subject.

Sincerely yours

Prof. Md. Abid Hossain Mollah
Professor of Paediatric Neonatology
Dhaka Medical College, Dhaka.