

acute disease, a disease characterized by a relatively sudden onset of symptoms that are usually severe. An episode of acute disease results in recovery to a state comparable to the patient's condition of health and activity before the disease, in passage into a chronic phase, or in death. Examples are pneumonia and appendicitis. See also **chronic disease**.

acute disseminated encephalitis. See **acute disseminated encephalomyelitis**.

acute disseminated encephalomyelitis, a form of encephalitis that commonly develops after an acute viral infection, such as measles, apparently as an immune attack on the myelin tissue of the nervous system. Early symptoms may include fever, headache, vomiting, and drowsiness and progress to seizures, coma, and paralysis. Frequently patients who recover experience neurologic disorders. Also called **acute disseminated encephalitis**.

acute diverticulitis, a sudden severe, painful disorder of the intestinal tract, resulting from inflammation of one or more diverticula, or pouches, in the wall of the bowel. The condition is typically diagnosed through x-rays and treated surgically. If left untreated, the inflamed pouches may rupture, spilling fecal matter into the abdominal cavity and causing peritonitis.

acute endarteritis [Gk, *endon*, within, *arteria*, windpipe, *itis*, inflammation], inflammation of the cells lining an artery. It may be caused by an infection or the proliferation of fibrous tissue inside the arterial wall.

acute epiglottitis, a severe, rapidly progressing bacterial infection of the upper respiratory tract that occurs in young children, primarily between 2 and 7 years of age. It is characterized by sore throat, croupy stridor, and inflamed epiglottis, which may cause sudden respiratory obstruction and possibly death. The infection is generally caused by *Haemophilus influenzae*, type B, although streptococci may occasionally be the causative agent. Transmission occurs by infection with airborne particles or contact with infected secretions. The diagnosis is made by bacteriologic identification of *H. influenzae*, type B, in a specimen taken from the upper respiratory tract or in the blood. A lateral x-ray film of the neck shows an enlarged epiglottis and distension of the hypopharynx, which distinguishes the condition from croup. Direct visualization of the inflamed, cherry-red epiglottis by depression of the tongue or indirect laryngoscopy is also diagnostic but may produce total acute obstruction and should be attempted only by trained personnel with equipment to

establish an airway or to provide respiratory resuscitation, if necessary. Compare **croup**.

■ **OBSERVATIONS:** The onset of the infection is abrupt, and it progresses rapidly. The first signs—sore throat, hoarseness, fever, and dysphagia—may be followed by an inability to swallow, drooling, varying degrees of dyspnea, inspiratory stridor, marked irritability and apprehension, and a tendency to sit upright and hyperextend the neck to breathe. Difficulty in breathing may progress to severe respiratory distress in minutes or hours. Suprasternal, supraclavicular, intercostal, and subcostal inspiratory retractions may be visible. The hypoxic child appears frightened and anxious; the skin color ranges from pallor to cyanosis.

■ **INTERVENTIONS:** Establishment of an airway is urgent, either by endotracheal intubation or by tracheostomy. Humidity and oxygen are provided, and airway secretions are drained or suctioned. IV fluids are usually required, and antibiotic therapy is initiated immediately, usually with ceftriaxone, cefuroxime, or ampicillin/sulbactam. Sedatives are contraindicated because of their depressant effect on the respiratory system, and antihistamines and adrenergic drugs are not usually of any therapeutic value. Steroids are useful.

■ **NURSING CONSIDERATIONS:** The nurse may assist with intubation or tracheostomy once the diagnosis is confirmed. Intensive nursing care is required for a child with acute epiglottitis. The most acute phase of the condition passes within 24 to 48 hours, and intubation is rarely needed beyond 3 to 4 days. As the child responds to therapy, breathing becomes easier; rapid recovery usually occurs so that bed rest and quiet activity to relieve boredom become primary nursing concerns. The infection may spread, causing such complications as otitis media, pneumonia, and bronchiolitis. Complications of the tracheostomy may also develop, including infection, atelectasis, cannula occlusion, tracheal bleeding, granulation, stenosis, and delayed healing of the stoma. Also called **acute epiglottiditis**.

acute fatigue, a sudden onset of physical and mental exhaustion or weariness, particularly after a period of mental or physical stress. Physical factors usually include an accumulation of waste products of muscle contractions. Boredom is a common mental factor. Recovery follows a period of rest and restoration of energy sources.

acute febrile neutrophilic dermatosis. See **Sweet's syndrome**.

acute febrile polyneuritis. See **Guillain-Barré syndrome**.

acute fibrinous pericarditis [L, *fibra*, fibrous; Gk, *peri*, near, *kardia*, heart, *itis*, inflammation], acute inflammation of the endothelial cells of the pericardium with fibers extending into the pericardial sac.

acute gastritis. See **gastritis**.

acute glaucoma. See **glaucoma**.

acute glomerulonephritis. See **postinfectious glomerulonephritis**.

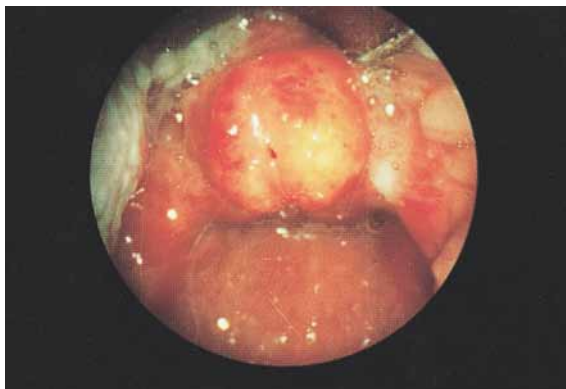
acute goiter [L, *guttur*, throat], a condition of sudden enlargement of the thyroid gland. Clinical manifestations are those of hyperthyroidism.

acute granulocytic leukemia (AGL). See **acute myelocytic leukemia**.

acute hallucinatory paranoia, a form of psychosis in which hallucinations are combined with delusions of paranoia.

acute hallucinosis. See **alcoholic hallucinosis**.

acute hemorrhagic conjunctivitis, a highly contagious eye disease usually caused by enterovirus type 70 but also by coxsackie AZA. The disease is found primarily in densely populated humid areas, particularly the developing



Acute epiglottitis: endoscopic view

(Bingham, Hawke, and Kwok, 1992/courtesy Dr. Bruce Benjamin)