In The Name Of God

LARYNGOMALACIA

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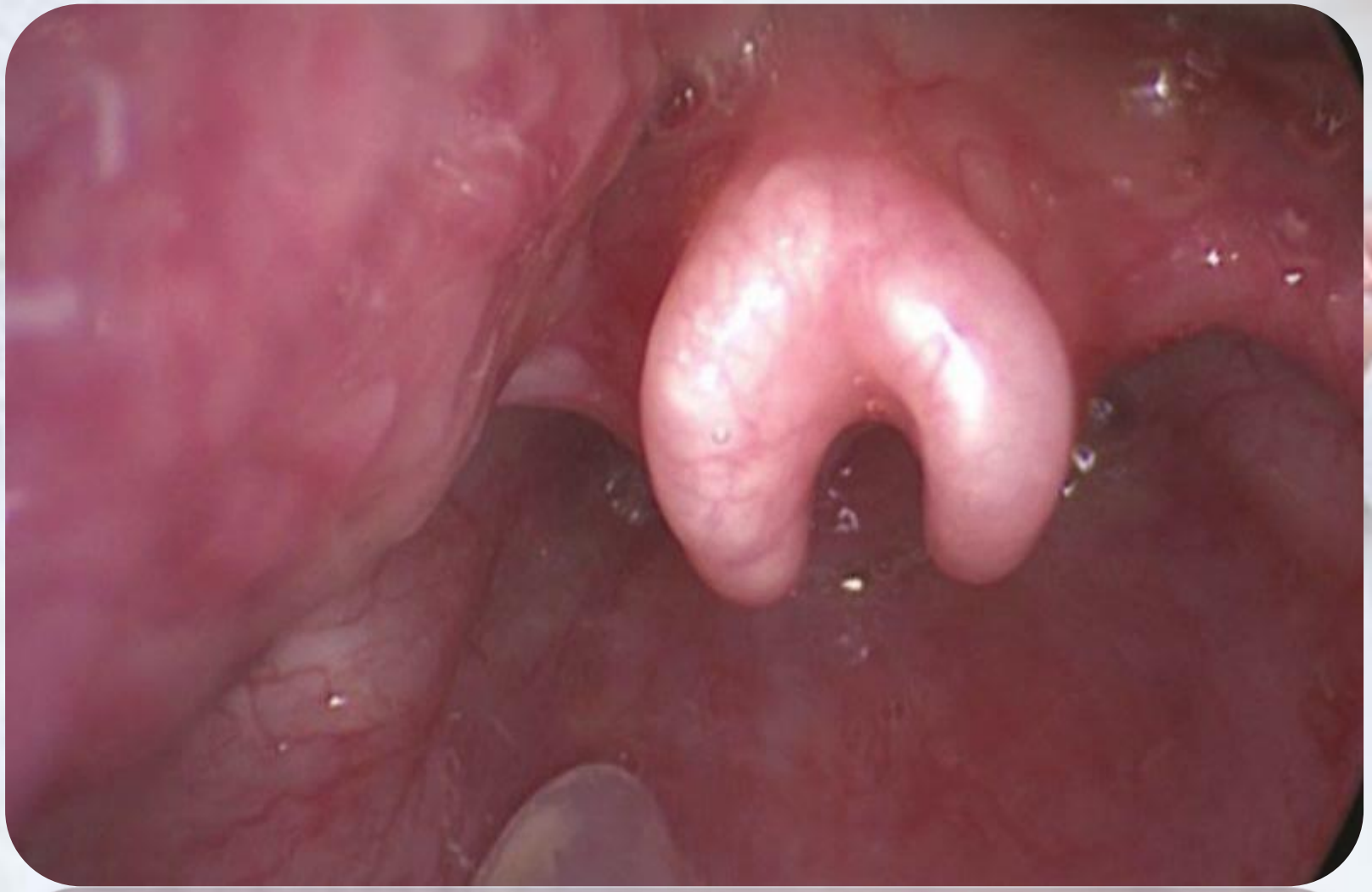
Pediatric pulmonologists

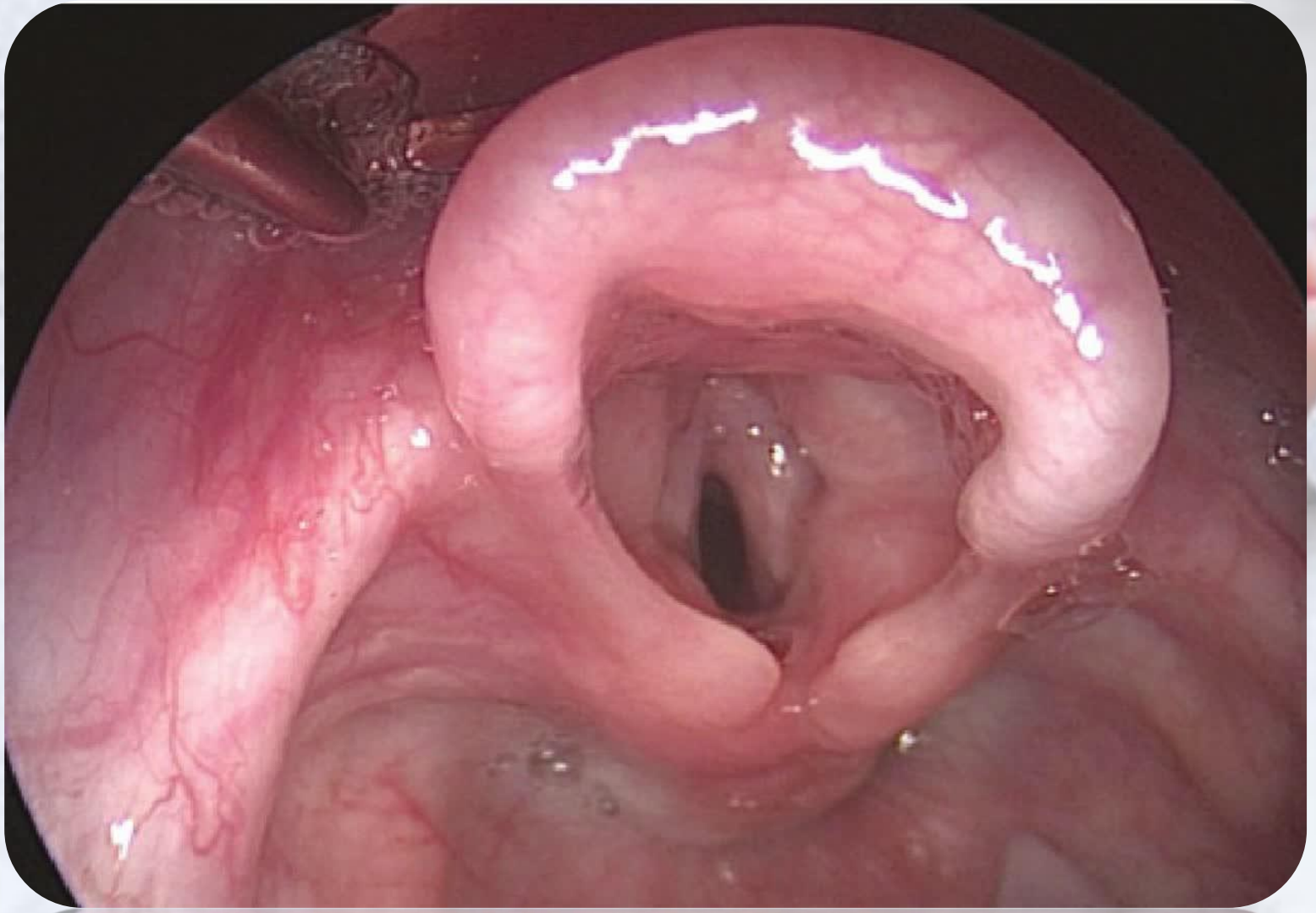
- The most common cause of stridor in infants.
- The stridor is often not present at birth.
- Symptoms are rarely present beyond the age of 2 years.
- Incoordination of the laryngeal muscles due to neuromuscular immaturity.

What causes laryngomalacia?

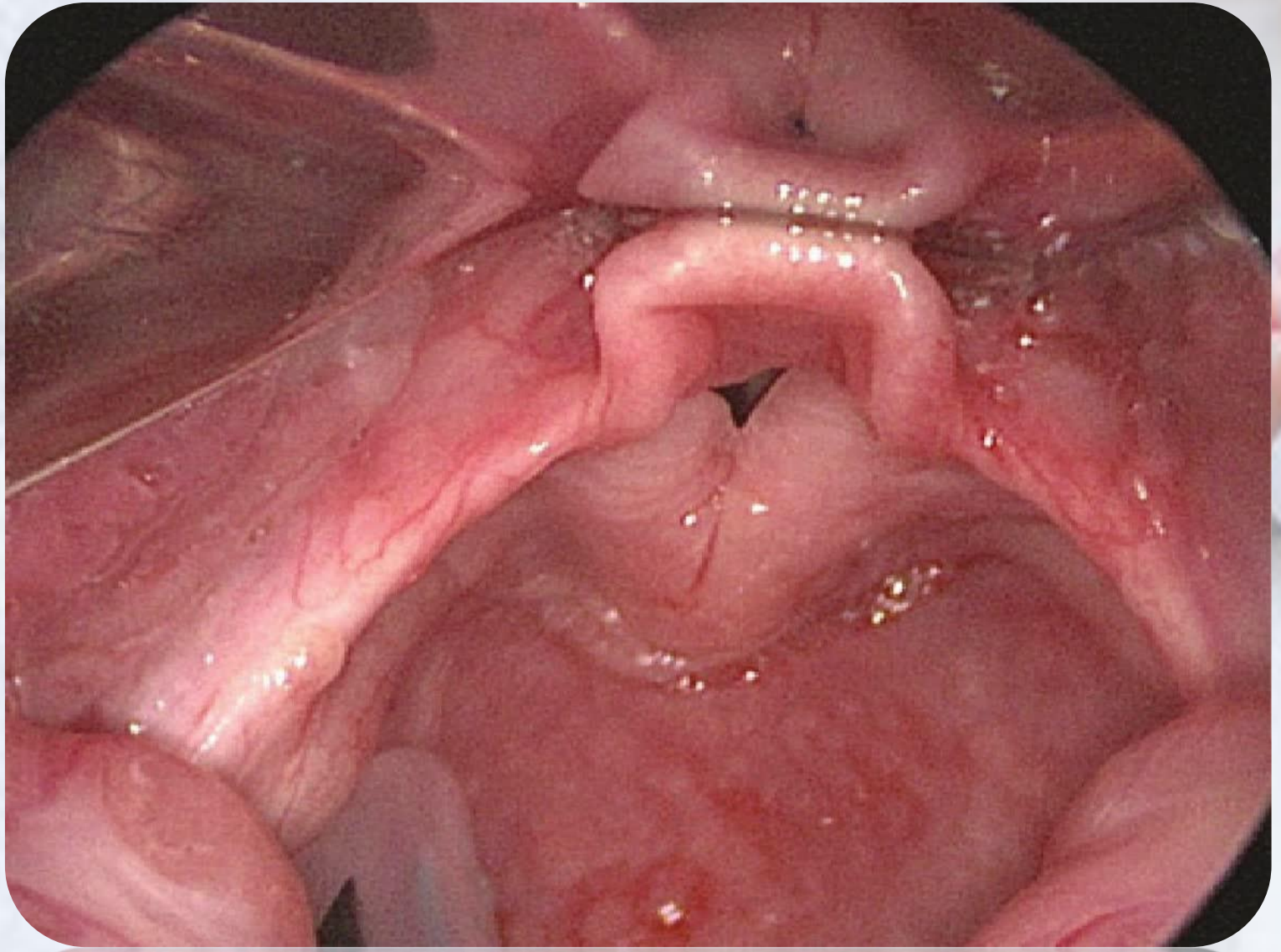
Typical omega-shaped epiglottis

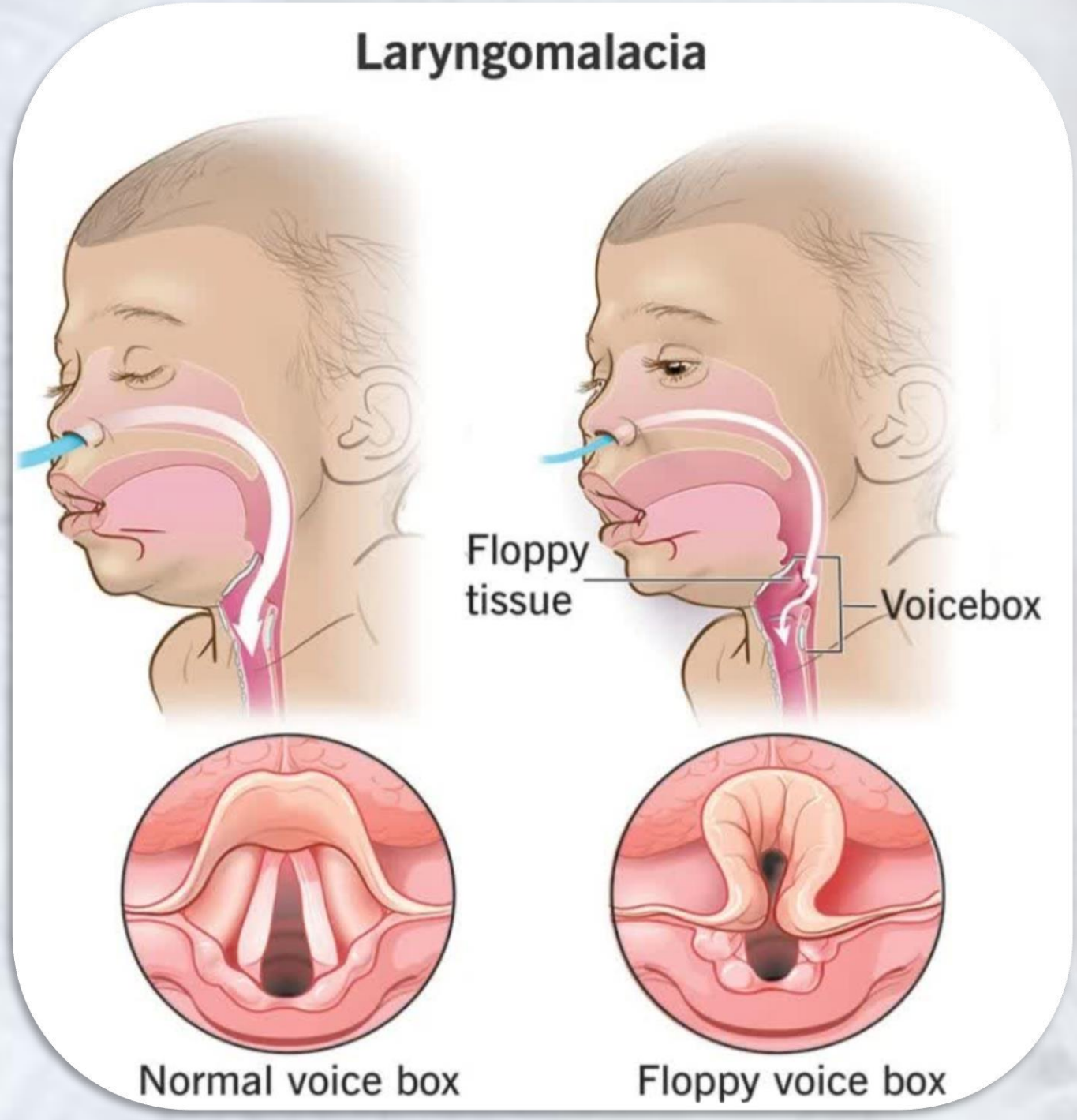


Shortened aryepiglottic folds



Posterior view of collapsing laryngeal




Laryngomalacia
Floppy tissue
Voicebox
Normal voice box
Floppy voice box

laryngomalacia symptoms include:

- Loud, noisy breathing.
- Difficulty swallowing (dysphagia).
- A tugging or "pulling in" at the neck or chest when breathing.

worsen with:

- Agitation
- Crying
- Excitement
- Feeding
- position / sleeping on their back.

Categories of Laryngomalacia:

Mild Laryngomalacia

non-complicated laryngomalacia with typical noisy breathing when breathing in without significant airway obstructive events, feeding issues or other symptoms associated with laryngomalacia.

Moderate Laryngomalacia:

- Airway obstruction (from floppy voice box tissue)
- Feeding difficulties without poor weight gain

Severe Laryngomalacia:

- Life-threatening apnea
- Significant blue spells
- Failure to thrive with feeding difficulty
- Significant chest wall and neck retractions with breathing
- Requires oxygen

How is laryngomalacia diagnosed?

- Nasopharyngo laryngoscopy (NPL)
- Microlaryngoscopy and bronchoscopy (ML&B)
- Barium swallow

Differential Diagnosis laryngomalacia:

- Unilateral or bilateral vocal fold paralysis
- Laryngeal papillomatosis
- Subglottic stenosis
- Vascular ring

Management

- observation and reassurance until the symptoms subside with age.
- Conservative management with feeding upright.
- airway clearance, ipratropium bromide (Atrovent)
- Normal saline or hypertonic saline nebulize
- control of gastroesophageal reflux (GER) to minimize aspiration

beta-agonist may worsen reducing the tone of airway smooth muscle, resulting in a more pliable posterior membrane.

Surgical intervention
(aryepiglottoplasty/supraglottoplasty)

- failure to thrive
- severe respiratory compromise/cyanotic spells.

The End.