

**In The Name
Of God**



LARYNGOMALACIA

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Pediatric pulmonologists



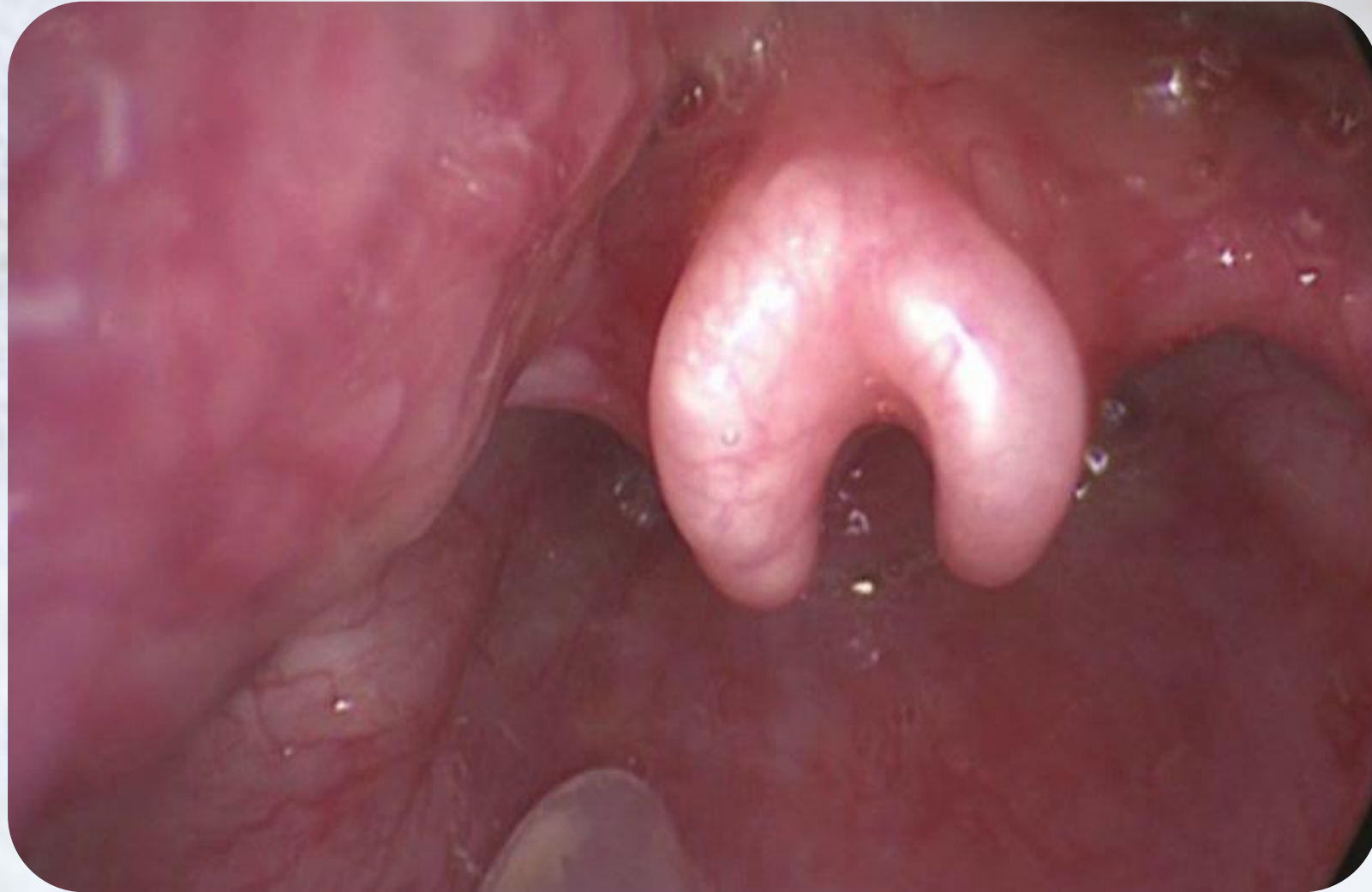
- *The most common cause of stridor in infants.*
- *The stridor is often not present at birth.*
- *Symptoms are rarely present beyond the age of 2 years.*
- *Incoordination of the laryngeal muscles due to neuromuscular immaturity.*



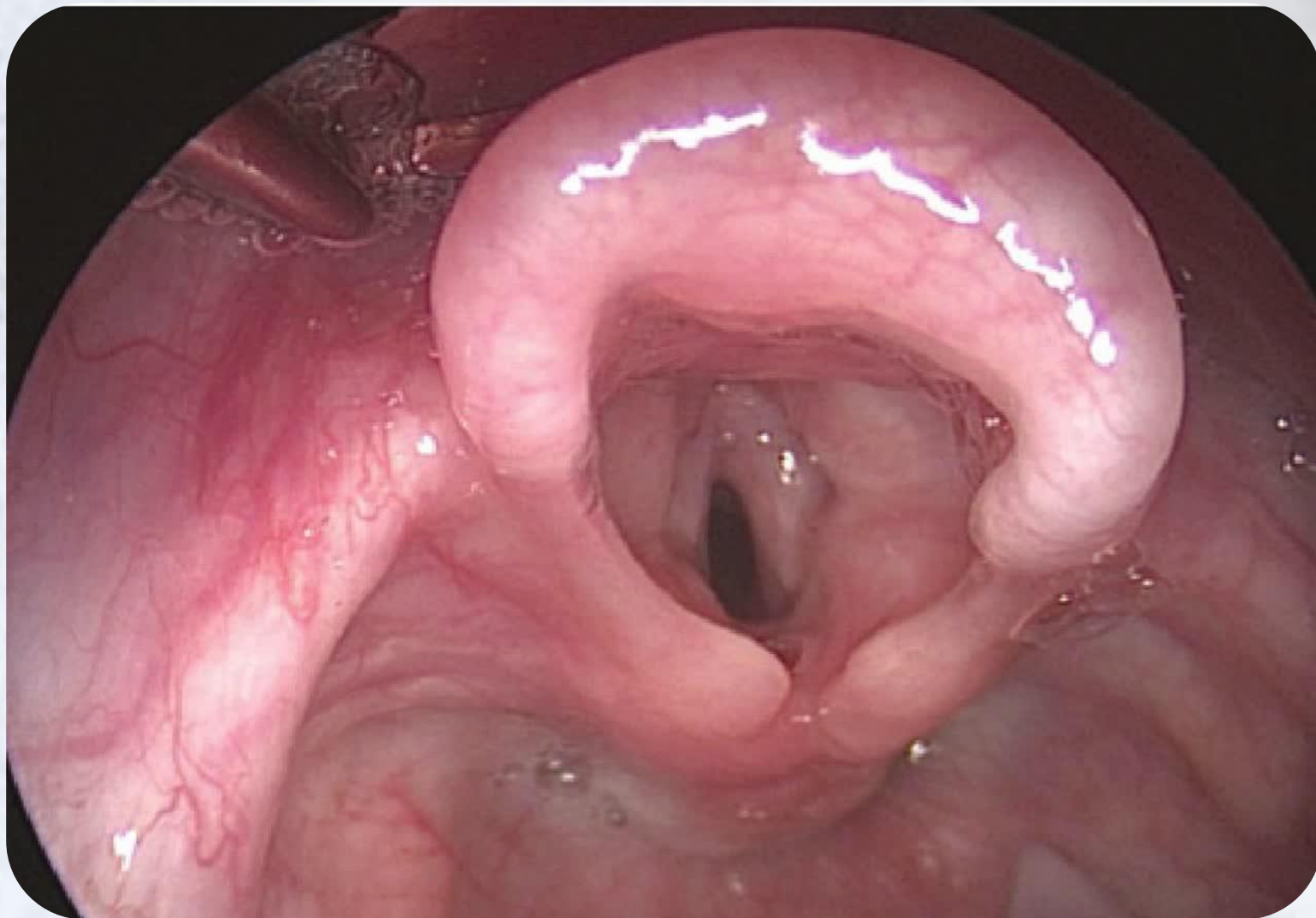
**What causes
laryngomalacia?**



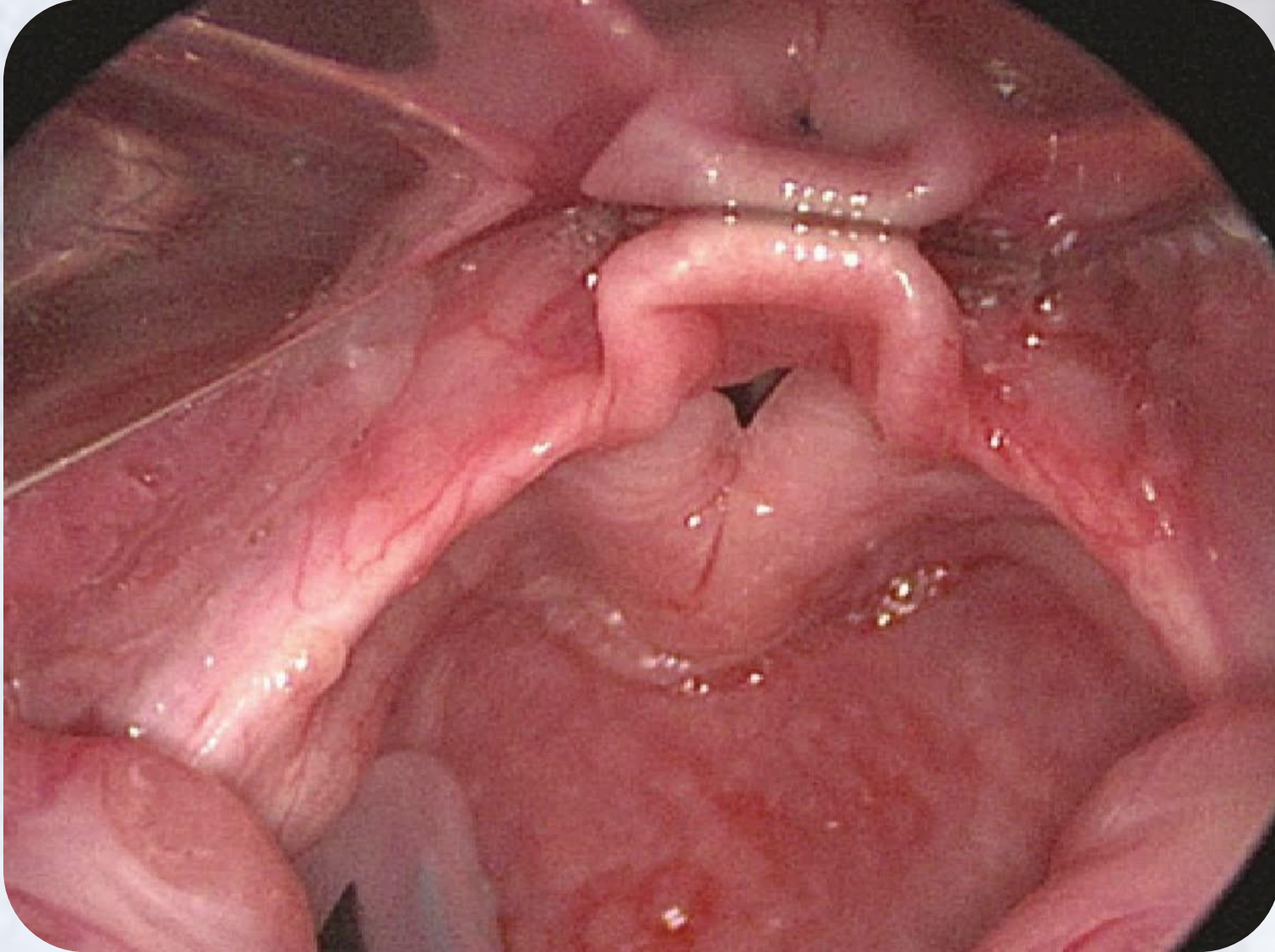
Typical omega-shaped epiglottitis



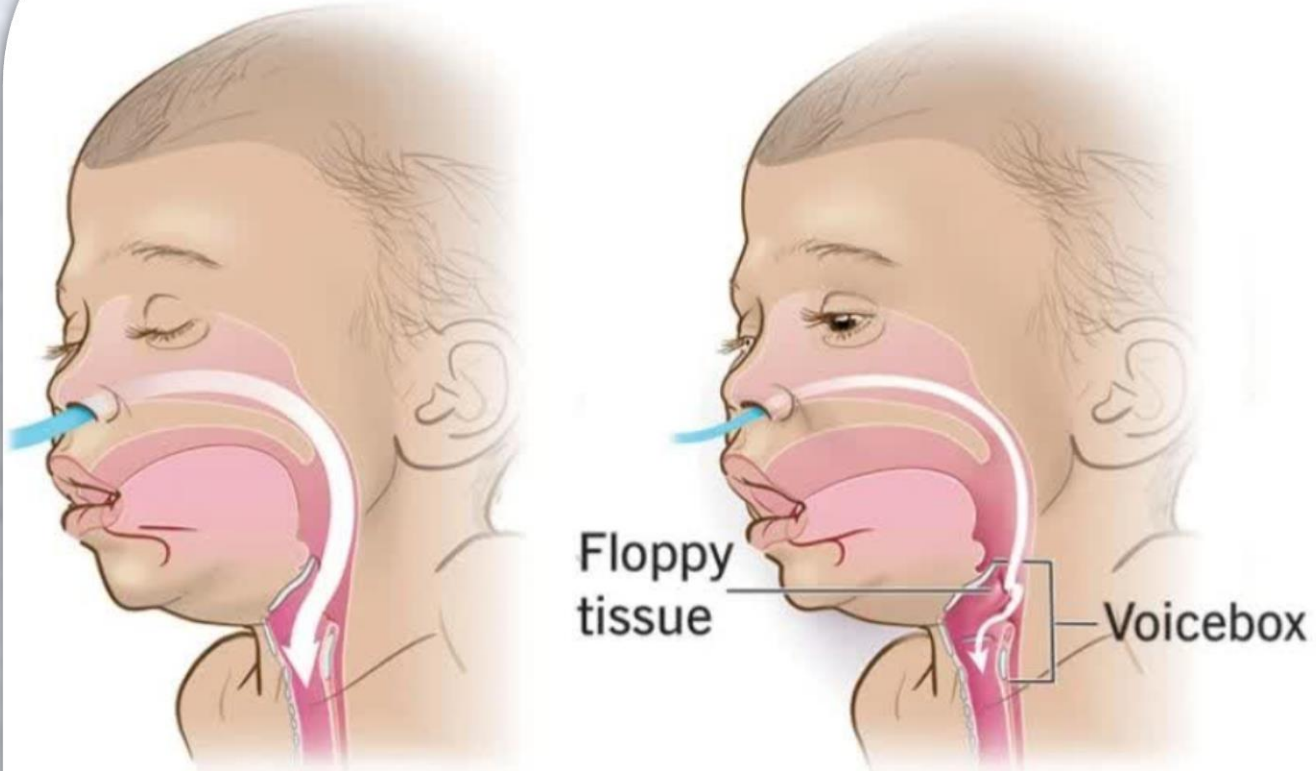
Shortened aryepiglottic folds



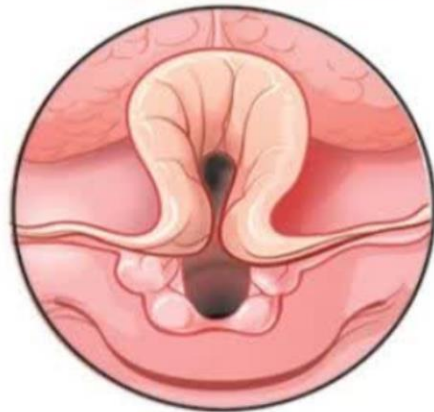
Posterior view of collapsing laryngeal



Laryngomalacia



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.

