LARYNGOMALACIA: DIAGNOSIS AND MANAGEMENT

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Background: Laryngomalacia is the most common cause of congenital stridor. It usually presents by high pitched inspiratory stridor which is often present at birth and is usually noticed by 2 weeks of age.

Aim: The aim of this study was to assess clinical presentation, management and prognosis of infants and children suffering from laryngomalacia presented to our department in the period of 5 years.

Methods: Retrospective analysis of the medical sheath records of newborns and infants suffering of laryngomalacia were reviewed regarding demographic data, clinical presentation, diagnosis and management.

Results: Fifty eight infant and child were included in the study. They were 33 males (57%) and 25 females (43%). Their age at presentation ranged from 2 - 13 months. Diagnosis was done using laryngoscopy under general anesthesia with spontaneous breathing in 49 patients (85%) and by using flexible nasopharyngolaryngoscopy under topical anesthesia in 9 patients (15%). Conservative treatment was given for all cases in the form of diet modification, lansoprazole and Domperidone. For mild cases, gradual improvement occurred within 1 to 3 months. For severe cases, surgical intervention was planned. Indications for surgical intervention were severe airway obstruction with attacks of cyanosis, feeding difficulties and aspiration, weight loss and failure to thrive.

Conclusion: Laryngomalacia is the most common congenital anomaly of the larynx. It usually presents within 2 weeks after birth. Diagnosis depends on visualization of the larynx during respiration. Conservative treatment is the rule. Surgical treatment is only indicated in 10% of cases