Laryngomalacia

Laryngomalacia is a term that means “soft larynx”. It is the most common cause of congenital *stridor* (an abnormal, high-pitched, musical breathing sound).

SYMPTOMS

Signs and symptoms of laryngomalacia may include:

- High-pitched, “squeaky” breathing sounds.
- Coarse breathing that sounds like nasal congestion.
- Harsh, noisy breathing sounds.

It is often more noticeable when the infant is lying on his/her back, crying, feeding, excited, or has a cold. It is usually noticed in the first few weeks of life. It may worsen over the first few months and become louder. This is because as the baby grows, the force of breathing in is greater. This then causes greater collapse of the airway structures. Symptoms usually resolve between 12-18 months of age.

CAUSES

Laryngomalacia is thought to be a birth defect that involves a delay in the maturing of the voice box (*larynx*). This delayed growth makes the cartilage of the larynx “floppy”. There is a lack of the normal rigid support of the larynx. When your baby breathes in, there is a partial collapse of the structures of the larynx and a narrower breathing passage. The partial blockage is the source of the noise with breathing.

DIAGNOSIS

- The diagnosis of laryngomalacia is often made clinically.
- A flexible telescope or fiber optic laryngoscope may be used to look at the larynx. This is a flexible tube that contains light carrying fibers that is passed through the nose and allows the caregiver to view the voice box. This procedure is performed in the caregiver's office with your child awake.
- A flexible bronchoscope may also be used to look at the voice box and the airway below since laryngomalacia can be associated with other airway abnormalities. This procedure is performed with your child under sedation or anesthesia.
- Other testing may be needed. This is because other conditions may be present in babies with laryngomalacia. One condition in particular is stomach acid reflux.
- Rarely, the problem is severe enough so the baby does not get enough oxygen during normal breathing. Testing for inadequate oxygen is simple. It does not involve needles or invasive tests. If the baby is not getting enough oxygen, follow-up testing will be done.

TREATMENT

- Most children with laryngomalacia eventually improve without treatment
- Mild symptoms and signs may be managed by watching the child clinically. Moderate to severe blockage should be monitored by a specialist.
- If testing shows inadequate oxygen during normal breathing, then the baby may need to be put on oxygen therapy and evaluated by a specialist.
- In a few severe cases, the problem can interfere with breathing, eating, growth, and development. In these cases, a surgical approach may be suggested. An operation called a “supraglottoplasty” may be done in which support structures of the voice box are tightened and extra tissue is removed.

HOME CARE INSTRUCTIONS

- If your baby has a normal cry, normal weight gain, normal development, and normal breathing noises that developed within the first 2 months of life, then no further action may be needed.
- If your baby is uncomfortable when asleep, the child should be evaluated by his/her pediatrician.
- Immunizations should be given at all of the recommended times.

- Breastfeeding or bottle feeding can be done normally. Your infant should be observed when feeding.
- If reflux is causing worsening of the child’s laryngomalacia, medicine may be prescribed and thickening of food may be suggested.

SEEK MEDICAL CARE IF:

- You feel your child's breathing problems are getting worse.
- You feel there are problems with your child's feeding.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your baby's breathing seems suddenly more difficult and/or labored.
- Your baby stops breathing off and on.
- Your baby's skin suddenly appears gray or blue in color.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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