

Laryngomalacia

What is laryngomalacia?

Laryngomalacia is a congenital abnormality of the larynx and is the result of a flaccidity (floppiness) of the larynx (voice box) and surrounding tissue. This floppiness causes a narrowing of the child's airway which produces noisy breathing (squeaky or low pitched) called stridor.

What is stridor?

Stridor is the sound produced by turbulent airflow through a narrowed area in the respiratory tract. Laryngomalacia is the most frequent cause of stridor in children. Other causes of stridor include congenital anomalies of the respiratory tract, infectious conditions of the respiratory tract, vocal cord paralysis, trauma and tumors causing airway narrowing.

What does the larynx do?

The larynx functions as a passage for breathing, allows for voice communication (voice box) and as a protective valve to close off the airway while swallowing.

What are the signs and symptoms of laryngomalacia?

The characteristic sign of laryngomalacia is a low pitched or squeaky intermittent sound (stridor) when the baby breathes in. This sound usually is louder when the child is crying, feeding or on back. It will also worsen when the child has a cold. It is usually noticed in the first few weeks of life and may worsen over the first few months of life. Some children will have inspiratory retractions (caving in of their chest between their ribs). Many children with laryngomalacia will also have symptoms of gastroesophageal reflux (which may include spitting up).

How is stridor evaluated?

Any child experiencing stridor should be medically evaluated. Once a detailed history is obtained the child will be examined. To assist in the evaluation, a fiberoptic laryngoscopy is often preformed. A fiberoptic laryngoscopy involves passing a very thin tube (that has a light and telescope within it) through the child's nose to examine the child's larynx and upper airway anatomy. Often the diagnosis can be made based on this examination. Some types of stridor will require further imaging studies or examination of the airway under general anesthesia.

How is laryngomalacia treated?

Many infants with laryngomalacia will require no special treatment. They will be monitored to ensure normal weight gain, oxygenation and development. The symptoms will slowly improve over time and most children are free from stridor by 1 year of age. Babies who are having any gastroesophageal reflux symptoms or worsening stridor may be started on some oral medicine to help with the reflux which may improve the laryngomalacia. In severe cases (weight gain, feeding or breathing are impaired) the child may require surgical intervention or hospitalization.

*If you have any questions or concerns please call our office.
203-245-0496*