



LARYNGOMALACIA

What is laryngomalacia?

Laryngomalacia is the most frequent cause of stridor or noisy breathing in infants. It occurs as a result of a floppy portion of the larynx (voice box) that has not yet developed the strength to provide rigid support of the airway. During inspiration, negative pressure is created through the larynx, which results in a collapse of these structures into the airway and a narrower breathing passage. The partial obstruction is the source of the noise with breathing.

What are the characteristics of laryngomalacia?

The hallmark sign includes a high pitched or squeaky intermittent sound noted mostly on inspiration. It is usually more prominent when the infant is lying on his/her back, crying, feeding, excited, or has a cold. This is usually first 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 inspiratory force is greater, which causes greater collapse of the laryngeal structures into the airway. This is usually at its worst at 3-6 months and then gradually improves as the rigidity of the cartilage improves. Most children are symptom free by 12 months.

Is laryngomalacia a dangerous condition?

It is usually a benign, self-limiting condition, which does not interfere with a child's growth and development. More worrisome symptoms to be mindful of include difficulty with feeding, inward collapse of the chest wall above or below the ribs during inspiration, failure to gain weight, and color changes to pale or blue.

How is laryngomalacia diagnosed?

The diagnosis of laryngomalacia is made using a flexible telescope or fiberoptic laryngoscope. This is a flexible tube that contains light carrying fibers that is passed through the nose and allows the doctor to view the voice box. This procedure is performed in the doctor's office with the child awake. After a detailed examination, the physician will categorize the condition as being mild, moderate, or severe.

How is laryngomalacia managed?

Mild symptoms and signs may be managed by periodic observation only. Moderate obstruction may require home monitoring of breathing and a more detailed assessment. Severe conditions may require a surgical procedure to relieve the obstruction and correct the functional abnormality.

Is laryngomalacia associated with any other conditions?

Laryngomalacia often has an association with stomach acid reflux (GERD). All infants have some reflux to some degree or another. However, infants with laryngomalacia often have more stomach acid reflux than others. When the stomach acid regurgitates to the level of the voice box, it can cause further swelling of the airway and worsening of the noisy breathing. Children with this condition do better if lying on their sides or stomachs, sitting upright, or at a 30-degree angle. The child should also be held in an upright position for 30 minutes after feeding and never fed lying down. If the reflux is significant, medicine may be prescribed and thickening of feeds may be recommended.

PLEASE CALL IF YOU HAVE ANY QUESTIONS!

Office phone number 314-454-6162 / Monday - Friday 8:30 AM – 4:30 PM

Keiko Hirose, M.D.

David Molter, M.D.

Judith Lieu, M.D., MSPH

Maithilee Menezes, M.D.

David Leonard, MBBCh

Andrew Drescher, M.D.

Allison Ogden, M.D.