



## What Is Laryngomalacia?

**Laryngomalacia** is a word used to describe floppy tissue in the larynx (voice box) above the vocal cords. This floppy tissue falls into the airway when a child breathes in. It is one of the common causes of noisy breathing in children. This noise is referred to as **stridor** and it can present in the first few days to weeks of life.

**Laryngomalacia**, for *most* children, is not a serious condition and it will resolve by **18-24** months without treatment. However, a small percentage of children will require treatment.

## What Causes Laryngomalacia?

The exact cause of Laryngomalacia is unknown. It is a condition that your child is born with and it may be caused by immaturity and low muscle tone in the upper airway.

## SYMPTOMS OF LARYNGOMALACIA

The symptoms will vary depending on whether or not your child has mild, moderate or severe Laryngomalacia.

**Mild** Laryngomalacia the child will have inspiratory stridor with no other breathing symptoms. They may have occasional cough or regurgitation with feeds.

**Moderate** Laryngomalacia the child will have inspiratory stridor. They may also have, cough, regurgitation or choking with feeds or feeding difficulty.

**Severe** Laryngomalacia the child will have inspiratory stridor. They may also have apnoea

(stops breathing), cyanosis (colour changes), or difficulty gaining weight.

## Note: Stridor May Become Louder

When your child is lying or sleeping on their back

- When your child is feeding, excited or crying
- As your child grows and becomes more active and mobile
- Should your child have an upper respiratory tract infection?

## What Tests Are Needed?

A doctor will take a detailed history and examine your child. If Laryngomalacia is diagnosed, the doctor may want to do other diagnostic tests to see the extent of your child's problem and to see if the lower airway is affected. These tests may be performed by an Ear Nose and Throat doctor in the Outpatients Department. Your child may have an X-ray of his / her airway and a test called a Nasoendoscopy. This involves passing a small flexible tube with a camera through the nose to view the upper airway. This is a quick and mildly uncomfortable procedure.

## HOW IS LARYNGOMALACIA TREATED?

- **Mild** - Laryngomalacia. They are treated conservatively. Follow up with GP or Paediatrician.
- **Moderate** - Laryngomalacia treatment is to start acid suppression medication and consider feeding and swallowing assessment with a speech and language therapist.
- **Severe** - Laryngomalacia treatment is to admit the child to hospital. They will begin

acid suppression medication have feeding and swallowing assessment with a speech and language therapist. Here they may also have further tests to see the extent of the problem. For example, respiratory, neurology or cardiology.

## When Should I Worry?

Please bring your child to the doctor or emergency department if your child has:

- Colour changes (blue episodes)
- Apnoea (stops breathing)
- Increased difficulty breathing.
- Difficulty with feeding.

If your child is not gaining weight, has weight loss or ongoing feeding difficulties please contact your public health nurse or GP.

## NOTE

For some children with severe Laryngomalacia, a surgery called **Supraglottoplasty** may be recommended. This surgery will resolve the severity of the symptoms, help your child gain weight and help with breathing difficulties, though some stridor may remain.