

Children's Ear Nose & Throat Center

Sub-specialists of Dell Children's Medical Center of Central Texas

A member of the  Seton Healthcare Family

Phone (512) 324-2720 • Fax (512) 324-2724
After Hours (512) 458-1121

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). During inspiration, negative pressure results in a collapse of these structures into the airway and causes a narrowed breathing passage. The partial obstruction is the source of noisy breathing.

WHAT ARE THE CHARACTERISTICS OF LARYNGOMALACIA?

The hallmark sign includes a high-pitched or squeaky intermittent sound (stridor) noted mostly when inhaling. It is usually more prominent when the infant is lying on his/her back, crying, feeding, excited, agitated or has a cold. The stridor is usually first noticed within the first few weeks of life. It may worsen over the first few months of life and become louder. The stridor peaks at age 3-6 months and then gradually improves as the rigidity of the cartilage in the larynx improves. Most children are symptom free by 12 months of age.

IS LARYNGOMALACIA A DANGEROUS CONDITION?

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

HOW IS LARYNGOMALACIA MANAGED?

The diagnosis is made using a flexible telescope to view the voicebox. This procedure is performed in the doctor's office with the child awake. Mild and moderate cases are usually observed. Severe conditions may require a surgical procedure to relieve the obstruction.

CAN SOMETHING BE DONE TO IMPROVE THE PROBLEM?

Laryngomalacia is often associated with stomach acid reflux (GERD). The reflux may cause the stridor to worsen. Infants with this condition do better lying on their side or sitting upright for 30 minutes after feeding and never fed lying down. If the reflux is significant; medicine may be prescribed and changes in your child's formula may be recommended.

Laryngomalacia

