FREQUENTLY ASKED QUESTIONS—FAQ'S FROM PENTA

Laryngomalacia- Congenital Laryngeal Stridor (Floppy Larynx in the Newborn)

1. What is laryngomalacia?

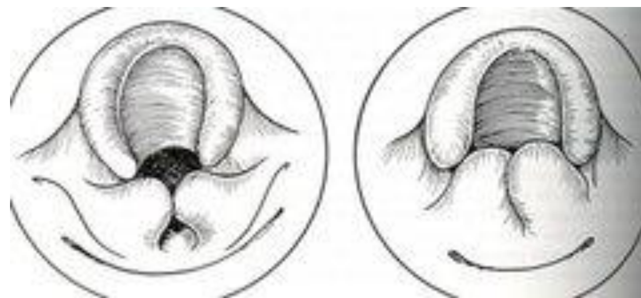
Laryngomalacia (LM) is a floppiness of the tissues above the voice box (larynx). LM is the most common reason for noisy breathing in the newborn.

2. What does laryngomalacia sound like?

Noisy, squeaky and sometime wheezy breathing. The noisy breathing can be constant or may come and go. The noisy breathing may get louder when the baby is excited, is feeding, or changes position.

3. What does laryngomalacia look like?

Example of laryngomalacia- inward collapse of the soft tissue structures above the voice box during inhalation (breathing in)



Breathing out   Breathing in

4. What makes laryngomalacia better?

- Time and growth, and decreasing any irritatants to the airway.

5. What makes laryngomalacia worse?

Babies with LM may become worse with any condition that causes swelling of the upper airways including:

- Upper respiratory tract infection
- Acid reflux into the throat/airway (in about 80%)
- Cigarette smoke exposure or other environmental irritants

6. Why does laryngomalacia occur?

The cause of LM is not known. There are several theories including neuromuscular weakness, extra mucous membrane tissues, and shortened mucous membranes holding structures too tightly.

7. How do we diagnose laryngomalacia?

First, we need to find out about the baby's health history. Next, we examine the baby and look down the throat at the voice box . This can be done in the office with a flexible laryngoscopy (a special flexible telescope and video equipment designed to examine the infant airway). In some cases, full airway examination in the operating room may be needed since sometimes (20%) of children may have other reasons for difficulty breathing in addition to LM.

8. How is laryngomalacia treated?

This depends on how severe the problem is and how it is affecting your baby. Most babies with mild to moderate laryngomalacia (90% or more) will get better as they grow older and will need to be monitored for weight gain and when they get sick with a cold. In most children, symptoms resolve by 18 months to 2 years of age.

Treatment with medications to control associated conditions such as extra-esophageal reflux (acid and stomach enzymes coming up from the stomach and irritating the voice box) may be recommended in some babies.

In severe cases, LM can be associated with difficulty breathing, feeding problems, apnea (awake and asleep), and poor weight gain. Additional testing, as well as close observation, adjustment of feedings and calories and sometimes surgical correction (supraglottoplasty) may be considered.

9. Does laryngomalacia run in families?

We do not believe that there is a genetic component to laryngomalacia at this time.

10. Will my baby stop breathing and die? Do we need a monitor?

Children with LM are at no additional risk of blocking their airways. If your baby is turning blue or struggling to breathe, let your doctor know.