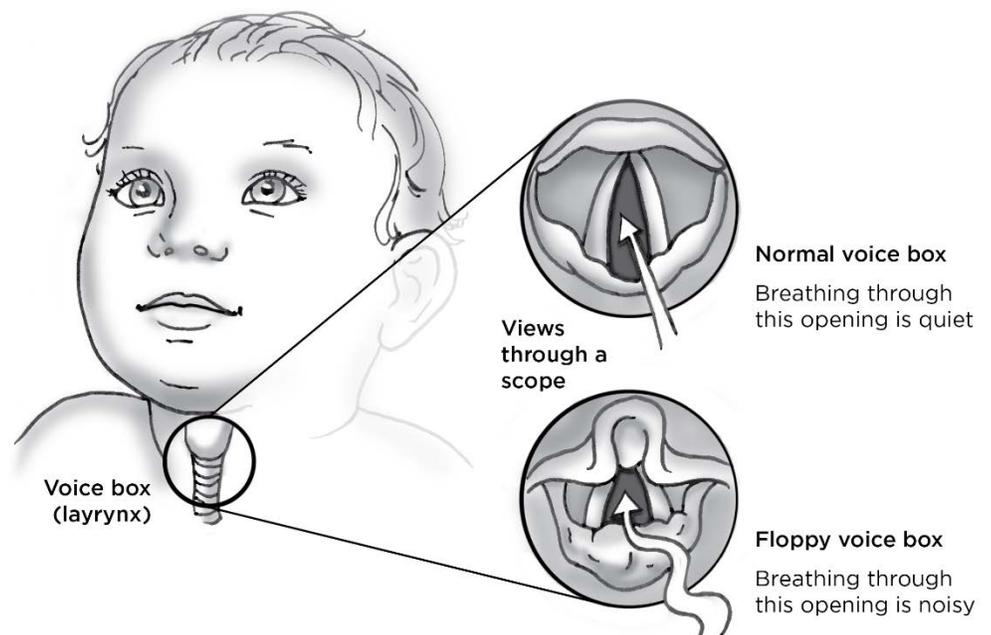


Laryngomalacia

What is laryngomalacia?

Laryngomalacia (la-RING-go-mal-A-sha) is when there is an excess flap of tissue over the vocal cords, or a weakness around the vocal cords. This condition causes the area or tissue around the vocal cords to collapse when your child breathes in, resulting in noisy breathing. It usually sounds like a squeaky or cooing sound. Laryngomalacia is the most common reason for noisy breathing in infants.

This noisy breathing can get worse when crying, eating or sleeping, especially if your baby is on their back. This is because there is more airflow when your baby eats and cries, and the airway is relaxed when your baby sleeps. You may also notice your baby's chest sucking in above or below the ribs when your baby breathes.



At what age does this usually happen?

Some babies show symptoms right after birth. The symptoms often increase over the first few weeks of life. For most babies, the noisy breathing gets worse when they are 4 to 8 months old, and then starts to get better.

Most children outgrow laryngomalacia by the time they are 18 months. Sometimes laryngomalacia is not discovered until a child is older and having sleep issues related to snoring.

To Learn More

- Otolaryngology
206-987-2105
- Ask your child's
healthcare provider
- www.seattlechildrens.org



Baby in an upright position



Baby in a slouched position

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

How is it diagnosed?

During an appointment, an Ear Nose and Throat (ENT) specialist will review your child's symptoms, feeding and history of weight gain. If the ENT specialist thinks your baby has laryngomalacia, they will confirm it by examining your child's voice box. To do the exam, the ENT specialist will put a small spaghetti-sized camera, called a nasopharyngeal scope, through your baby's nose and into their throat to see their voice box. This is done during a clinic visit while your baby is awake. The exam takes about 60 seconds. It is not painful but babies often cry briefly.

How is it treated?

Most often, laryngomalacia goes away on its own around 18 months. It goes away on its own because the area around the voice box gets stronger as your child grows.

Many babies with this condition also have GERD (gastro-esophageal reflux). Treating GERD with positioning can help. After your baby eats, keep them upright and not slouching (see drawings to the left). This allows gravity to help the food stay in the stomach. Medicine for GERD can also help. Ask your healthcare provider if your baby might have GERD.

Treatment for laryngomalacia depends on your child's symptoms. Your ENT specialist or pediatrician will help you watch your baby's weight gain, feeding issues and sleep issues. If laryngomalacia is severe, it can cause poor weight gain because a lot of calories are burned when breathing.

Is surgery needed?

A few children with laryngomalacia need surgery to fix it. The surgical procedure is called a supraglottoplasty (sue-pra-GLA-toe-plas-tea).

The surgery takes about 1 hour. Your child will have medicine to make them sleep (anesthesia) during the procedure. The surgery is performed through the mouth. During the procedure, a scope or small camera is passed through your baby's mouth to look at the airway. This part of the procedure is called laryngoscopy or bronchoscopy. For the supraglottoplasty, ENT surgeons use tiny instruments or a laser to trim away the extra tissue, or make tiny cuts to allow the extra tissue to move away from the vocal cords. After the surgery, your baby will stay overnight in the hospital so we can watch for swelling in the airway. Most babies tolerate the surgery well and are back to eating and drinking normally within 1 day. A small number of babies develop a cough after surgery. The cough goes away by itself in 1 to 2 months.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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