Daniel L. Wohl, M.D., P.A.
4114 Sunbeam Rd., Suite 403
Jacksonville, FL 32257
(904) 262-7368

INSTRUCTIONS FOR PARENTS

LARYNGOMALACIA

1. What is Laryngomalacia?

The **Larynx** ("voice box") functions as a valve at the top of the **Trachea** ("windpipe"). The most important function of the larynx is to protect the windpipe and lungs from food or drink when swallowing. Because of coordinated movement of the laryngeal muscles, this valve can also serve as a sound producer.

The voice box is made up of paired and unpaired cartilages and muscles under very precise involuntary and voluntary control. It is not uncommon for a newborn child or young infant to lack complete coordination or to have immature cartilage or muscle tone. If this immaturity involves the larynx, the larynx is often described as "floppy". This is laryngomalacia.

There are other clinical scenarios, such as a head trauma or cerebral palsy with progressive neurological symptoms, where a patient may also develop a "floppy larynx".

2. Is Laryngomalacia serious?

Laryngomalacia, almost always, resolves over time as the child matures and as their airway progressively enlarges over time. This process is usually complete by six to eighteen months. If the laryngomalacia is associated with head trauma, resolution usually accompanies generalized recovery from injury. If laryngomalacia is associated with progressive cerebral palsy, resolution to normal is not usually anticipated.

Dr. Wohl will most likely characterize your child's laryngomalacia as "mild", "moderate" or "severe". Fortunately, it is uncommon (less than 5% of the time) for symptoms to be severe.

3. Will my child's voice be affected by laryngomalacia?

The structure(s) that are "floppy" or "immature" usually do not directly affect the sound of your child's cry or voice because laryngomalacia involves the anatomic area above the vocal folds and movement of the vocal folds remains normal.

4. How do I know if my child's laryngomalacia is severe?

If your child has significant airway obstruction from laryngomalacia you will notice stoppages of breathing that result in gasping for air on occasion. Their lips might turn a slight bluish coloration. You might see retraction in the space just below the voice box in the neck. The "chirpy" breathing sound you have probably become more aware of, usually when taking in a breath (inhaling), becomes much more noticeable. It may even be absent if there is a period of time where there is total airway obstruction. Fortunately, with severe laryngomalacia, breathing out (exhaling) usually is not affected.

5. Is there a treatment for laryngomalacia?

Usually, almost all otherwise healthy children "outgrow" laryngomalacia and "watchful waiting" is recommended with intermittent ENT follow-up appointments recommended. If a child has significant gastroesophageal reflux ("reflux"), your ENT doctor or primary care physician may chose to place your child on an anti-reflux regimen, which may include medication use.

If your child has severe laryngomalacia, with documented obstructed breathing resulting in cyanosis ("blue spells"), or a reduced ability to eat with associated poor weight gain, then surgery may be recommended. Dr. Wohl may discuss a microsurgical laser laryngeal procedure under anesthesia to trim away some of the redundant tissue that has been "folding into" the opening of the voice box. This procedure is called "supraglottoplasty".

6. What should I expect if my child undergoes surgery for laryngomalacia?

If your child undergoes supraglottoplasty, expect an overnight stay in the hospital at a minimum. The procedure is not tremendously painful and is usually well managed intravenously at first and later with oral pain medication. Because the airway was operated on, your child most likely will stay overnight in the Pediatric Intensive Care Unit (PICU). At such time that your child demonstrates that they can breathe without difficulty and without obstruction and maintain their oxygen saturations – with and without eating – then you and your child will be prepared for discharge home.

6. What is the post-operative care for a laser supraglottoplasty?

Your child will most likely be placed on an anti-reflux medication prescription to reduce the potential for stomach acid irritating the healing areas of your child's voice box. Healing is by regrowth of the overlying inner skin (mucosa), which may take 4-6 weeks. A follow-up endoscopic examination under anesthesia, with or without additional laser use, is almost always recommended to assess the degree of healing and improvement in your child's airway.