

# Laryngomalacia

Laryngomalacia is a relatively common problem that can cause difficulty breathing in infants. A part of the airway, the larynx (voice box) collapses easily. This can lead to noisy and sometimes difficult breathing. Feeding problems may be present as well. Laryngomalacia usually clears up on its own. If not, or in severe cases, treatments are available.

## What is laryngomalacia?

Laryngomalacia is a relatively common problem involving the larynx (“voice box”). The exact cause is unclear, but the cartilage and other tissues supporting the larynx seem “too soft” in babies with laryngomalacia. The larynx is sometimes described as “floppy.” It may partially collapse and become narrow easily, interfering with the flow of air. In some infants, laryngomalacia is related to neurologic problems, such as cerebral palsy.

Laryngomalacia causes episodes of noisy breathing, usually when your baby inhales. Feeding problems may occur. Laryngomalacia can be diagnosed with certainty by an office procedure called laryngoscopy, usually done by an ear, nose, and throat (ENT) specialist. This involves looking through a tube placed into the larynx through the mouth.

Fortunately, the typical child with laryngomalacia usually gets better over several months. Your child will need close follow-up to make sure this occurs. Surgery may be needed in severe cases, but this is rare.

## What does it look like?

The main symptom of laryngomalacia is noisy breathing. This may be called *stridor*—a sharp, high-pitched sound caused by the upper part of the airway closing up when your child breathes in. Stridor is the same sound made by babies with croup.

- Noisy breathing typically starts within the first 2 weeks after birth
- This is most noticeable when your child is breathing in.
- It usually gets better with time; most cases clear up by 18 months to 2 years.
- Episodes of noisy, difficult breathing are more frequent when your child is very active or excited, for example, such as when crying or feeding.
- In more severe cases, other symptoms can occur:
  - Feeding problems. These may lead to slow growth.
  - “Spitting up” milk/formula from the stomach.

## What are some possible complications of laryngomalacia?

Complications are possible, especially if laryngomalacia is severe:

- Episodes of interrupted breathing (apnea).
- Reflux, with stomach acid causing damage to the larynx and airway. If your child inhales the stomach contents, a form of pneumonia called “aspiration pneumonia” can occur.
- Feeding problems, leading to slow growth.

## What increases your child’s risk of laryngomalacia?

Laryngomalacia is more common in boys than girls.

## Can laryngomalacia be prevented?

There is no known way to prevent this condition.

## How is laryngomalacia diagnosed?

- If your baby is having episodes of stridor within the first 2 weeks after birth, your doctor will consider the possibility of laryngomalacia. Next to infections, it is the most common cause of stridor in infants.
- To make sure of the cause, we may recommend a visit to a specialist: either an ENT doctor (an otorhinolaryngologist) or a specialist in lung and breathing problems (a pulmonologist).
- This specialist may perform an office procedure called *laryngoscopy*, using a long, flexible instrument like a telescope to examine your child’s upper airway and larynx. It is often done to make sure there is not another cause of stridor. Your baby will receive anesthesia for the laryngoscopy procedure.
- In more severe cases, other tests may be recommended:
  - Chest x-rays to check the lungs.
  - Other x-ray tests to assess the esophagus (swallowing tube) and stomach.

## How is laryngomalacia treated?

- Usually, no treatment is needed. The problem eventually clears up, as the cartilage in the larynx becomes firmer and better developed.
- In most infants, symptoms begin to decrease by age 6 months.

- The condition usually clears up by age 18 months to 2 years.
- During this time, your child will need regular medical visits to ensure that problems with laryngomalacia are resolving.
- If laryngomalacia is severe or persistent, the ENT doctor or pulmonologist may continue to care for your child. Rarely, if laryngomalacia is very severe, surgery is needed to restore normal airway and swallowing function.



### **When should I call your office?**

Call our office (or the specialist who is caring for your child) if you have any questions about your child's treatment, or when you expect that the problem should have cleared up and it has not.

Call the doctor if breathing problems get worse, or if problems with feeding or swallowing occur (choking or gagging).

- If your child is having severe difficulty breathing, call 911 or go to the emergency room. 