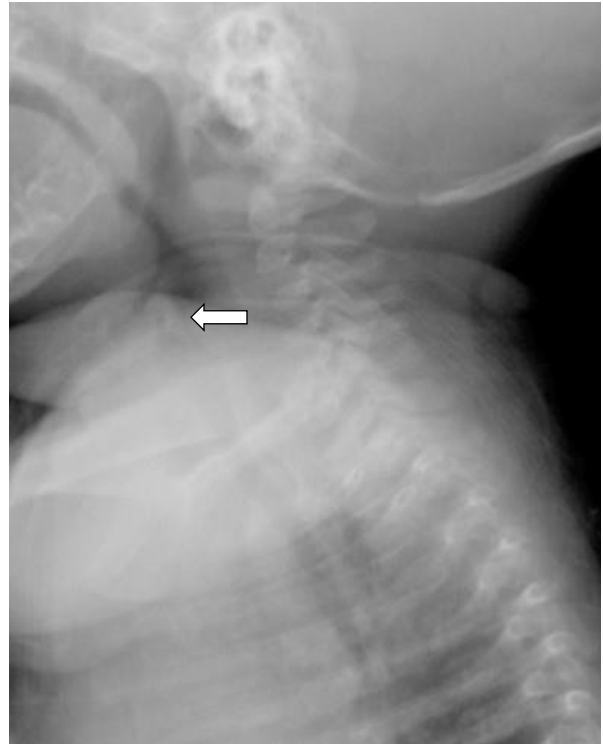




LARYNGOMALACIA

Case #5: A concerned mom brought her 2-year-old boy to the clinic due to noisy breathing. Attending physician noted an inspiratory stridor so she ordered an airway fluoroscopy. What is your diagnosis? LARYNGOMALACIA.



Laryngomalacia is the most common congenital laryngeal anomaly. There is laxity of the pharyngeal soft tissues due to immaturity of the laryngeal cartilages and muscles. This is a benign, usually transient condition that causes inspiratory collapse of the epiglottis, arytenoids, and aryepiglottic folds resulting in partial upper airway obstruction. Infants present with stridor, which worsens with rest and improves with activity.

Figure above demonstrates downward and posterior bending of the epiglottis (*white arrow*). Airway fluoroscopy, however, while relatively specific for the diagnosis, has poor sensitivity. A normal study does not rule out this condition. Further evaluation with laryngoscopy should be performed if clinical suspicion is high.

On the other hand, tracheomalacia is exaggerated (>50%) coaptation of the trachea during expiration. Tracheal stenosis is a persistent narrowing of the trachea during both inspiratory and expiratory phases. Retropharyngeal abscess is suggested when there is thickening of the prevertebral space on the lateral view.

Reference: Pediatric Radiology: Practical Imaging Evaluation of Infants and children. Edward Y. Lee, editor. Wolters Kluwer 2018.

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