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STRIDOR IN CHILDREN

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Sometimes, babies are simply noisy breathers. They are gaining weight and growing well, and we think of them as pleasant squeakers—something that is not worrisome. But when stridor comes on suddenly, it must be evaluated. If left untreated, stridor can block the child's airway. This can be life-threatening or even cause death. Stridor is often loudest when breathing in, but it can happen when breathing out. We think of wheezing as occurring when we breathe out, when we push air out of our lungs. Similarly, stridor can be confused with snoring or stertor (a low-pitched noise that comes from the nose, tongue, or back of throat), which are caused by an obstruction high up in the airway

Sometimes. The most common cause of stridor in babies is floppy voice box, or laryngomalacia. In some infants, the cartilage in the voice box hasn't fully developed or the voice box muscles are not yet strong enough. This causes stridor. It is usually not a concern, and it often resolves on its own around 1 year of age. It's always important to get an accurate diagnosis to learn the true cause of stridor

It should always be investigated. It might be due to a benign (not harmful) reason, such as croup (a childhood infection) or a floppy voice box (when a baby's voice box is soft and floppy and temporarily blocks the airway, also called laryngomalacia). Or it might be more severe, such as vocal cords that are not moving a lodged foreign object, or tumors in the voice box

Congenital stridor is rarely life-threatening. Immediately life-threatening obstruction from congenital lesions such as severe micrognathia are apparent at birth and are treated with emergent tracheotomy. Bilateral vocal cord paralysis and subglottic hemangioma may present as causes of congenital stridor that are life-threatening. Significant airway obstruction can lead to respiratory distress and failure to thrive, secondary to the increased work of breathing

There was a case of a boy three month old who has had noisy breathing, which hasn't affected his feeding. He is coryzal and has intermittent stridor. There is a small 'straw-berry' haemangioma on his forehead. Air entry is symmetrical in the chest, with no crackles or wheeze

A very important diagnosis to consider in this boy was a haemangioma in the upper airway. The majority of haemangiomas were single cutaneous lesions, but they could also occur at other sites and the upper airway was one position where they could enlarge with potentially life-threatening consequences. The presence of one

haemangioma increases the likelihood of a second one. This boy should be referred for assessment by an ENT surgeon

This case is critical because the child needs a hospital stay and emergency surgery depending on how severe the stridor is. If left untreated, stridor can block the child's airway. This can be life-threatening or even cause death

My conclusion is If it left untreated, stridor can lead to primary complications like airway compromise and respiratory failure include failure to thrive secondary to increased work of breathing

The prognosis for congenital stridor depends on the specific cause. In general, it is very good. For conditions such as laryngomalacia, the condition is self-limited and resolves on its own

For other conditions, such as subglottic stenosis, surgical correction is curative..

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