

BRONCHOSCOPIC FINDING IN CHILDREN WITH STRIDOR IN EARLY INFANCY IN ALEXANDRIA UNIVERSITY
CHILDREN'S HOSPITAL

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Introduction

Stridor is a variably pitched respiratory sound that results from abnormal air passage during breathing and usually is the most characteristic sign of upper airway obstruction. It is often heard during inspiration (classically caused by supraglottic or glottic obstruction) yet may appear on expiration (caused by obstruction at or below glottic levels and/or severe upper airway obstruction). Stridor caused by congenital anomalies might be present from birth or might appear within days, weeks or months. Different congenital and acquired disorders are common in neonates, infants, children, and adolescents, and must be determined. History, age of the child and physical examination all together usually enable assumed diagnosis. Further investigations might be required to establish a distinct diagnosis, and flexible airway endoscopy is considered the diagnostic approach of choice in the majority of cases in the majority of circumstances.

Aim of the work

The main aim of this study was to determine the causes of stridor in early infancy in children attended bronchoscopy unit in Alexandria University Children's Hospital during period from 1st of January 2017 to 31st of December 2019.

Methods

A retrospective study was performed by reviewing the medical records of the children subjected to endoscopy of upper airway at Alexandria University Children's Hospital to determine the cause of stridor from January 2017 to December 2019.

Results

Congenital anomalies were diagnosed as the cause of stridor in 51 patients (91%), The stridor was due to acquired lesions in 5 infants (8.9%) (SGS, vocal Cord paralysis, GERD) .

•Congenital laryngomalacia accounted for stridor in 27 of cases (48.2%), in addition to laryngomalacia, vascular ring and subglottic stenosis accounted for 12.5 % and 7% respectively as show in table 1 .

Table (1): Correlation between IPF in day of fever, day 22 and different parameters:

Bronchoscopic findings	No.	%
Gloss ptosis	1	1.8
Extensive dynamic air way collapse (tracheomalacia)	4	7.1
Vascular ring	7	12.5
Laryngomalacia	27	48.2
Subglottic stenosis	4	7.1
Vocal cord paralysis	2	3.6
Severe inflammatory process (GERD)	1	1.8
Subglottic hemangioma	1	1.8
Laryngeal web	1	1.8
Bilateral vocal cord retention cysts	2	3.6
Laryngeal cleft	3	5.4
Complete multiple ring tracheal stenosis	2	3.6
Laryngomalacia + laryngeal cleft	1	1.8
Congenital	51	91.1
Acquired	5	8.9

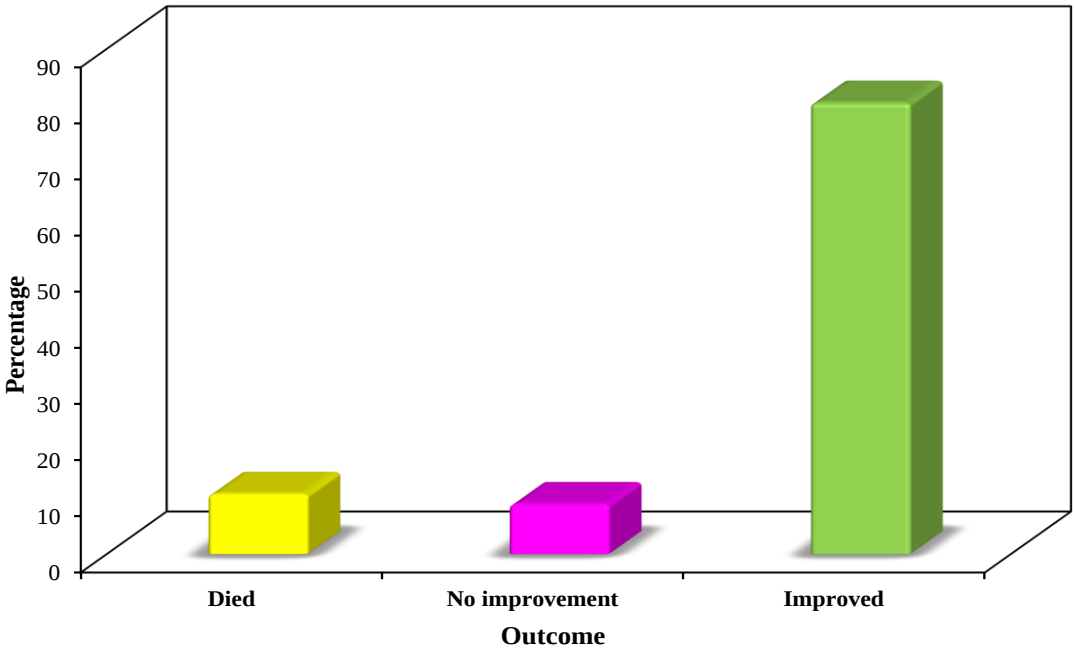


Figure (1): Distribution of the studied cases according to outcome

Among 56 patients 45infants (80.4%) improved, 6 infants died (10.7%),

Conclusion

From the present study, it can be concluded that Laryngomalacia represents the commonest cause of stridor in infants. Congenital stridor is the main cause of infantile stridor. Most cases of congenital stridor presented during neonatal period. FFB is an important diagnostic tool of stridor that can guide medical and surgical interventions. Surgical intervention isn’t the commonly used treatment of stridor; watchful waiting and medical treatment are needed in the majority of cases.

