

Upper Airway Obstruction

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Stridor/Stertor

- Auditory manifestations of disordered respiratory function
 - i.e. noisy breathing resulting from an upper airway obstruction
- Merit investigation in every case

Introduction

- Stertor
 - Caused by obstruction of airway above the larynx
 - Vibration in tissues of nasopharynx, oropharynx or soft palate
- Stridor
 - Due to airflow changes in the larynx, trachea or bronchi

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Associated signs and symptoms

- Dyspnoea (shortness of breath)
 - Severity of one reflects severity of the other
 - Beware of signs in neonate and small infant

Associated signs and symptoms *(continued)*

- Swallowing and breathing
 - Share common pathway : oropharynx
 - Disorders of the one may interfere with the other
 - Stridor/Stertor often increase during feeding
 - Infants often noted to be poor or slow feeders

General features: Stridor

- Always a symptom or a sign,
never a diagnosis or a disease
- History and physical examination will indicate problem areas
- Endoscopy will confirm final diagnosis

History and physical examination

- Clear “history” of onset, progression and details of exacerbating or relieving features
- **FULL** examination of:
mouth & nose - oropharynx - larynx - trachea

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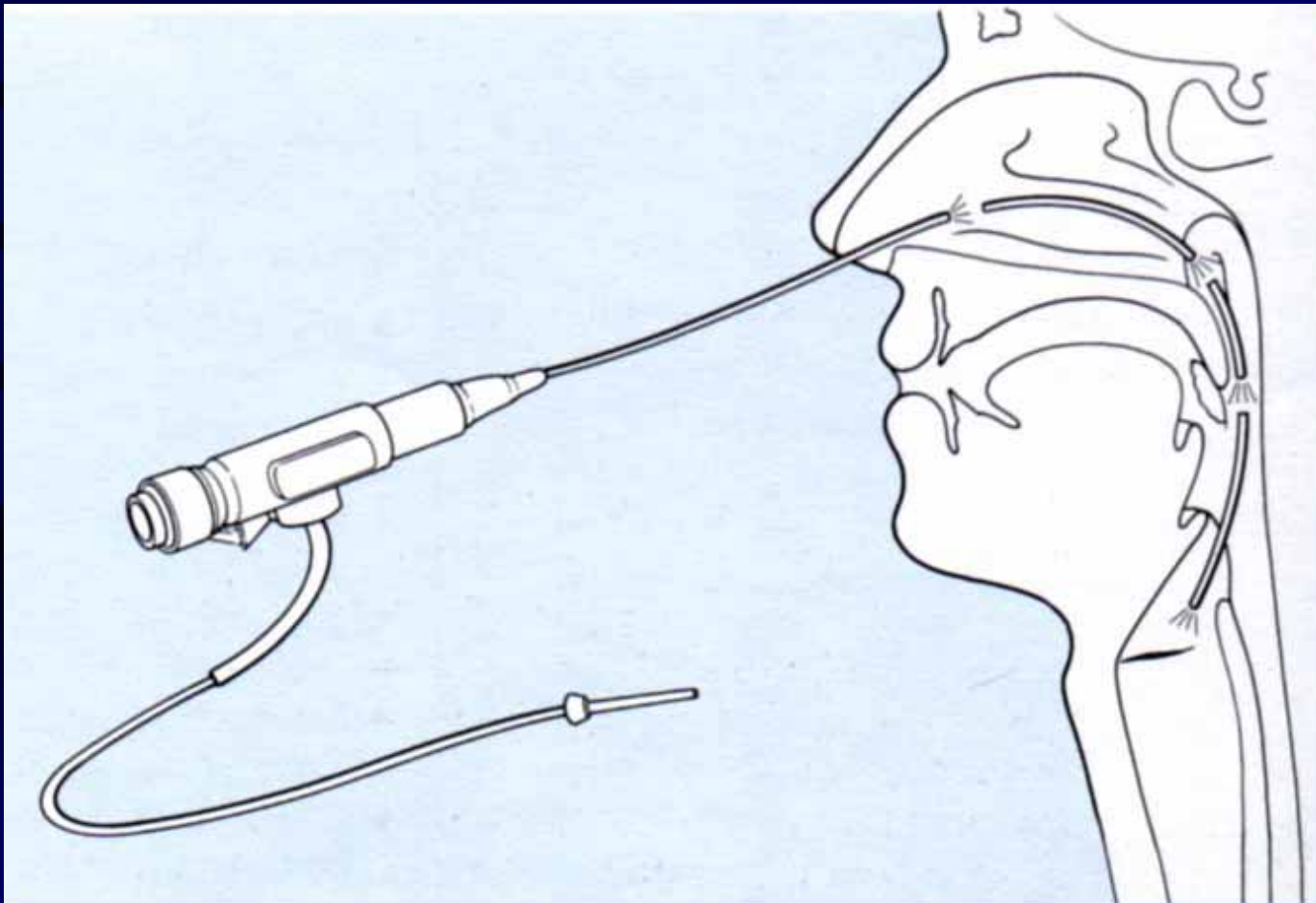
mouth & nose - oropharynx - larynx – trachea

... will reveal, in most cases, the diagnosis

Examination

- Endoscopy - Gold standard
- Evaluate nasal passages, nasopharynx, oropharynx, larynx and trachea
- General anaesthetic if required
- Decide on treatment

Examination



Causes and classification

- Adult
- Children
- Neonatal

Causes: Adult

- Malignancy
 - Nasopharynx, oropharynx, larynx
- Laryngeal trauma
 - post intubation
- Acute laryngitis
- Supraglottitis / epiglottitis

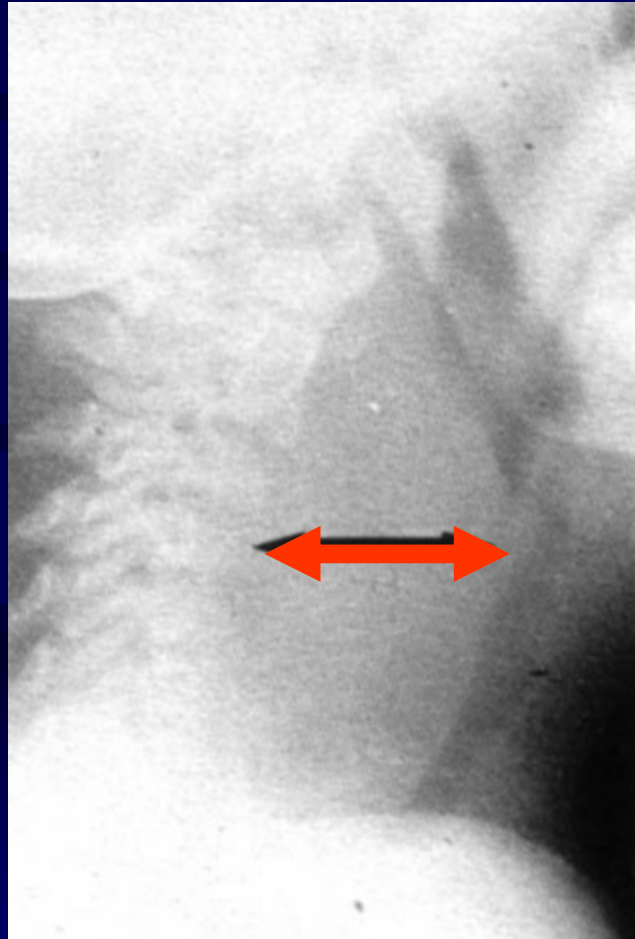
Causes: Children

- Laryngotracheobronchitis (Croup)
- Epiglottitis
- Foreign body
- Trauma
 - post intubation
- Retropharyngeal abscess
- Laryngeal papillomata

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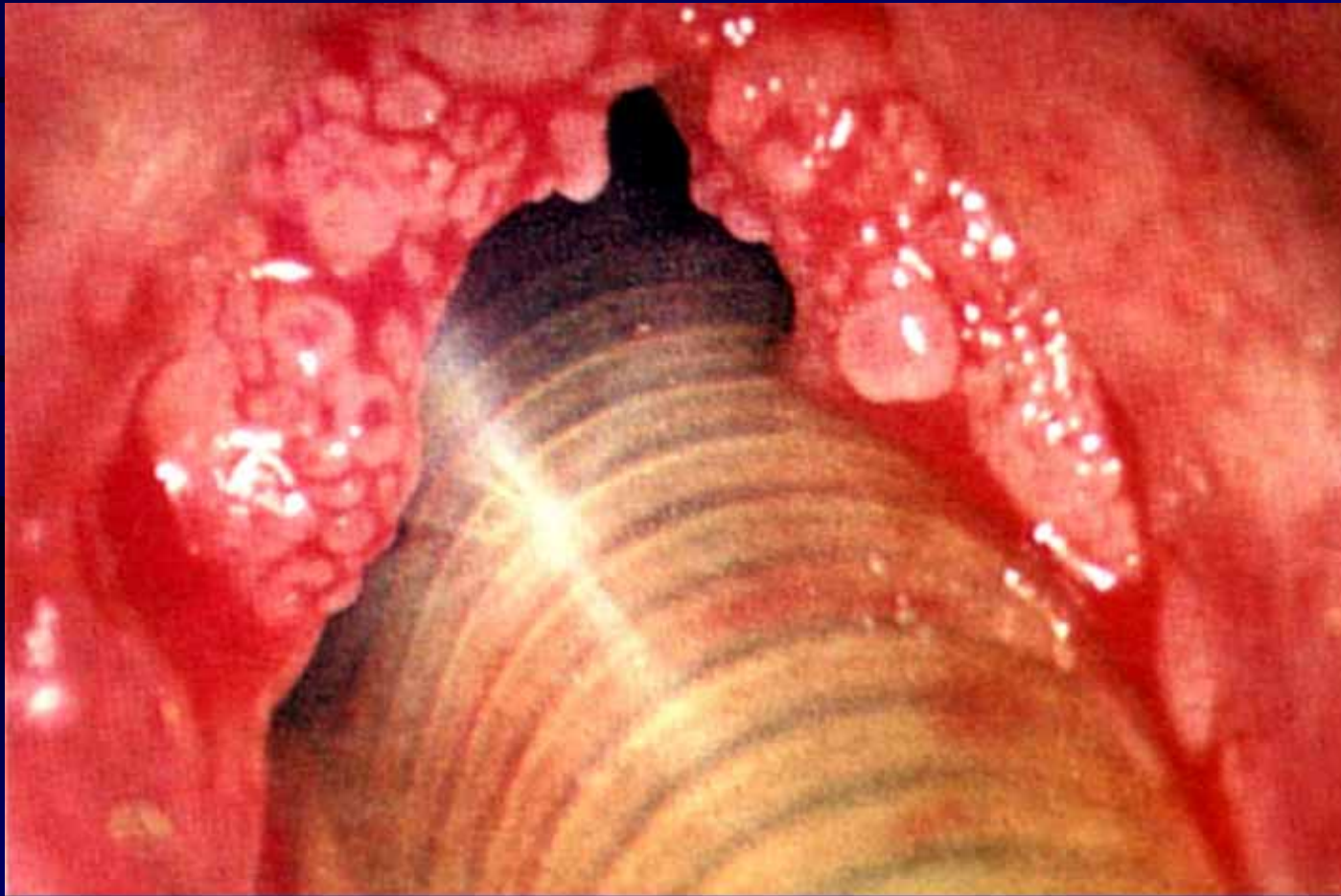
Causes: Children *(continued)*



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Causes: Children *(continued)*



Causes: Neonatal

- Laryngomalacia
- Congenital tumors, cysts
- Webs
- Subglottic stenosis
- Vocal cord paralysis

Summary

- Stridor is abnormal and should be investigated
- Laryngeal evaluation has to be performed in all patients with stridor
- Snoring for longer than 6 months in a child is abnormal

