

Type II Laryngomalacia – Results of Surgical Treatment

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AIM OF THE WORK

- To evaluate the outcomes of surgical treatment for type II laryngomalacia and to compare them with those reported by endoscopic centres abroad
- To examine the post-operative course, complications and the impact of any comorbidities on the course of the disease and the treatment outcome

MATERIALS AND METHODS

- A retrospective study of 50 paediatric patients who underwent dissection of aryepiglottic folds at the Department of ENT, 2nd Faculty of Medicine Charles University and Motol and Homolka University Hospital, Prague over a period of 11.5 years
- Based on information from surgical records, medical records, photographic records, outpatient records and the UNIS hospital information system

RESULTS



Fig. 1: Supraglottoplasty in an intubated patient

- The median age at the time of surgery was 177 days, with the youngest patient being 4 days and the oldest 3 years and 8 months, 28 boys and 22 girls
- The majority of patients (82%) were born after 37th week
- Low complication rate (6%), consisting of airway oedema requiring intubation and ventilatory support
- A success rate for surgical treatment of exactly 94% - In two patients (4%), we observed a temporary improvement following discision; however, subsequent falls in blood oxygen saturation accompanied by hypercapnia necessitated the performance of a tracheostomy both with severe comorbidities and persistent stridor was observed in one patient (2%) with myasthenic syndrome
- In the remaining cases, the stridor regressed or disappeared completely within 3 months
- No cases of haemorrhage, post-operative stenosis, infection or negative impact on oral intake
- 70% of patients were discharged by the second post-operative day

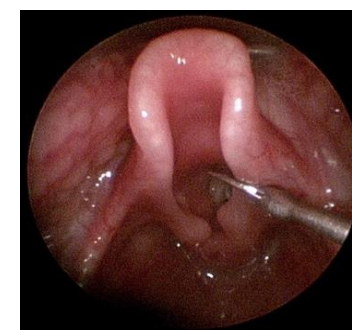


Fig. 2: Supraglottoplasty during an apnoea

CONCLUSION

- The results of surgical treatment of laryngomalacia are in agreement with world paediatric endoscopy centres
- Most patients had an uncomplicated course of the illness, allowing for early discharge followed by a rapid resolution of symptoms
- Associated comorbidities have been shown to be a potentially significant factor that has a negative impact not only on the course of the disease itself, but also on the increased incidence of complications and the failure of surgical treatment