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Laryngomalacia

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Abstract

It is the foremost common explanation for stridor in newborns. The exact etiology of laryngomalacia is unknown. Most infants with laryngomalacia will have mild symptoms and a benign disease course that resolves by 24 months. Laryngomalacia presents with inspiratory stridor that typically worsens

with feeding, crying, supine positioning, and agitation. The diagnosis of laryngomalacia is suspected by the standard clinical history but is confirmed by flexible laryngoscopy in an awake infant. Most children are oftens managed conservatively with close monitoring. The approximately 5%-20% of children with severe symptoms will need surgical intervention. The most common indications for surgery are respiratory compromise and failure to thrive.

Biography

Maryam AlQaydi is working as a consultant ENT in Tawam Hospital in United Arab Emirates. He is Member of Central Accreditation Committee of National Institute for Health Specialties (NIHS), United Arab Emirates.



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