Suite 2101, 31a Lasso Road, Gregory Hills NSW 2557
Suite 102, 4 Hyde Parade, Campbelltown NSW 2560
P) 02 4625 1682 F) 02 4625 1032
www.macarthurent.com.au

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Laryngomalacia – Information for Parents

1. What Is Laryngomalacia?

Laryngomalacia is the most common cause of noisy breathing (stridor) in infants. It occurs when the soft tissues above the voice box collapse inward during breathing, narrowing the airway. Symptoms often begin early in life, worsen between 4–8 months, and improve gradually, with most children outgrowing the condition by 12–24 months.

2. Why Does It Happen?

Current evidence suggests that laryngomalacia is primarily due to delayed maturation of nerve control of the voice box. This results in reduced muscle tone and increased collapsibility of the soft tissues. Gastro-oesophageal reflux can worsen swelling in the airway, contributing to the noisy breathing or feeding discomfort.

3. Symptoms

Children may show a range of symptoms depending on severity:

- Noisy breathing (inspiratory stridor), often louder during feeding, crying or lying down.
- Feeding difficulties: coughing, choking, gagging, regurgitation, or frequent reflux.
- Slow or tiring feeds due to effort of coordinating breathing and swallowing.
- Poor weight gain in moderate or severe cases.
- Chest or neck retractions (working hard to breathe).
- Apnoea (pauses in breathing) or turning blue in severe cases.

4. Severity Categories

Laryngomalacia is classified according to symptoms rather than the sound alone:

- Mild – mostly noisy breathing, good weight gain, minimal feeding issues.
- Moderate – feeding difficulties, reflux symptoms, fussiness, slower weight gain.
- Severe – apnoea (pauses in breathing), cyanosis (blue spells), aspiration, failure to thrive, or significant work of breathing.

5. Feeding and Reflux Management

Feeding issues are common and speech pathology input is recommended. Management may include:

- Feeding in an upright position and keeping baby upright after feeds.
- Slower or paced bottle feeding.
- Thickening feeds (only if advised).
- Treating reflux with acid suppression medicines when feeding or breathing issues are present – this is often in conjunction with your paediatrician.

6. When Is Surgery Needed?

Only 10–20% of children require surgery. The procedure is called supraglottoplasty and involves trimming or reshaping the floppy tissue to help open the airway. It is considered when children have:

- Apnoea or blue spells.
- Ongoing aspiration or choking with feeds.
- Poor weight gain despite feeding support.
- Significant breathing difficulty or low oxygen levels.

7. What to Expect After Surgery

Breathing usually improves within days to weeks – often there is an initial period of worsening before improvement. The hospital admission will be for at least three days if not longer depending on how long your child takes to recover. Feeding may take time to settle. Reflux medication is often continued for several months. Some children may require follow-up endoscopy to assess healing.

8. When to Seek Urgent Medical Care

Seek urgent help if your child:

- Has increasing breathing difficulty.
- Turns blue around the lips or face.
- Refuses feeds with signs of dehydration (dry lips, fewer wet nappies).
- Has repeated choking or suspected aspiration.
- Has episodes of stopping breathing which are concerning.

9. Outlook

Although often alarming due to the noisy breathing, the long-term outlook is excellent. Most infants outgrow laryngomalacia without surgery. For those requiring intervention, outcomes are generally very good once feeding and reflux are managed.