Conclusion
Congenital anomalies of the larynx are infrequent, though potentially life-threatening. Therefore, ENT surgeons must be familiar with the clinical features, diagnosis and operative management in order to provide better care and quality of life to the pediatric patient.

Introduction
Congenital anomalies of the larynx are relatively rare. Stridor is the most common presenting symptom. Laryngomalacia is the most common anomaly (60-75%), followed by vocal cord paralysis (15-20%) and subglottic stenosis (15%). Other, less common malformations, include congenital laryngeal webs, laryngeal (saccular) cysts, subglottic haemangioma and laryngeal clefts. The presence of two or more synchronous airway lesions is often described. A diagnosis is reached by combining typical presenting symptoms, physical examination and endoscopic evaluation.

Objectives
Evaluation of clinical assessment and operative management of patients with congenital laryngeal abnormalities that were treated in our department over a five year period.

Material and methods
Retrospective study of 103 infants that underwent endoscopy in our ENT department for the suspicion of congenital laryngeal anomaly, over a 5 year period. The study is based on the analysis of the clinical features, the aspects of management as well as the treatment outcome.

Results
Of the 103 infants that were referred to the ENT department due to stridor, 72.8% were diagnosed with a specific congenital anomaly. Laryngomalacia was found in 72% of the patients. The most common presenting symptom was inspiratory stridor. Their age ranged from 10 days to 4 months with mean age of 2.2 months. Diagnosis was established by endoscopy under general anesthesia. Mild laryngomalacia was found in 67% of the cases, thus no intervention was required. The rest of the patients underwent supraglottoplasty due to persistent respiratory and feeding difficulties. Stridor was improved postoperatively in 78% of the patients while 4 patients showed no significant improvement. Synchronous congenital malformation was found in 5% of the cases, however only 1 case was related to the airway (laryngeal web). The second most common abnormality (8% of the patients) was subglottic stenosis. The signs included biphasic stridor, recurring croup and respiratory distress. The diagnosis was established by endoscopy. In all cases tracheostomy was conducted. In 2 cases a laryngotraheal reconstruction (LTR) was performed. The third most common anomaly was vocal cord paralysis (6.7%). Unilateral paralysis was found in 3 cases in which spontaneous recovery occurred whereas bilateral paralysis was found in 2 cases that underwent tracheostomy. Other anomalies found were laryngeal cleft (4 patients), subglottic haemangioma (2 patients) and one case of laryngeal web.