Conclusion: Sleep nasendoscopy is a useful tool to aid diagnosis of delayed, persistent and nocturnal Laryngomalacia that might be missed by traditional assessment techniques.

Introduction
It is not always possible to diagnose Laryngomalacia with a flexible nasendoscope in the outpatient clinic (either because of poor cooperation (particularly if the child is older than 6 months), or because the baby/toddler isn’t making the stridor noise at the time of examination. Moreover, in some variants of laryngomalacia, the stridor only occurs during sleep.
In such situations, an Endoscopic laryngotracheobronchoscopic (ELTB) examination is performed in theatre under general anaesthesia. The depth of anaesthesia and/or the distortion of the airway that results from suspension laryngoscopy might make the subsequent findings, particularly lack of laryngeal collapse, unreliable. In addition, other components of upper airway compromise eg: tongue base collapse might contribute to the overall presentation.
Patients with atypical or delayed Laryngomalacia may be wrongly diagnosed with other conditions such as sleep disordered breathing or asthma. Sleep nasendoscopy (SNE) is a safe procedure for assessing these children in a dynamic state.

Methodology
• Retrospective single centre observational study (September 2016-August 2017)
• 15 patients were included, 10 patients symptomatic during sleep, and 5 during both sleep and exertion.
• Sleep nasendoscopy was performed at induction of anaesthesia. Note was made of any obstruction above the level of the larynx and of the characteristics of the upper airway noise, if any. Note was then made of any supra glottic collapse.
• Following this, formal ELTB was performed with aryepiglottoplasty tailored to the collapse noted on SNE.

Results
• The median age when diagnosed was 3 years (range 17 months to 7 years).
• Twelve patients demonstrated stridor on induction and signs of Laryngomalacia on SNE.
• Of these, a number were no longer stridulous by the time suspension ELTB was performed and did not show signs of collapse.
• All had resolution of symptoms at 3 months follow-up.

Future research
• Complex breathlessness/vocal cord dysfunction
• Recording sound with laryngoscopy