INTRODUCTION

- Follow-up to a previous two-year prospective study at our centre[1], describing the prevalence of paediatric airway conditions encountered.
- Aims:
  - Explore the prevalence of airway pathologies, including multiple level airway pathology.
  - Discuss the management of these conditions.

METHODS

- Data for patients undergoing microlaryngobronchoscopy (MLB) at The Royal London Hospital was collected prospectively between January 2012 - October 2017, a five-year period.
- Patient demographics, co-morbidities, risk factors and primary diagnosis at MLB (if any) were noted, along with any other findings.
- Findings from follow up MLBs were also recorded.

RESULTS

- Of the 92 patients diagnosed with SGS, the majority were managed with serial incision and balloon dilatation (average 4.3 procedures), with 9.8% needing laryngotracheal reconstruction (figure 2).
- A total of 57 laryngeal clefts were repaired endoscopically resulting 49% of patients established on a normal diet post-repair.

DISCUSSION

This series of patients represents the more severe end of the airway pathology spectrum from our local area, thus the results can not be generalised. Although the most common cause of paediatric stridor is laryngomalacia[2], this can often be managed in primary care or by paediatric teams without involvement of ENT. As a result, diagnosis of SGS and laryngeal cleft are made more frequently following MLB. We have demonstrated that serial incision and dilatation can be used to manage the vast majority of SGS cases. We have also demonstrated improved swallowing outcomes following endoscopic repair of laryngeal cleft.

CONCLUSION

- As a tertiary centre, patients often present at the extreme end of the airway pathology spectrum.
- Although laryngomalacia is the most common cause of paediatric stridor, diagnosis of SGS and laryngeal cleft are made more frequently at our centre.
- Serial incision and dilatation can be used to safely manage SGS, requiring an average of 4.3 procedures. Only a small proportion (9.8%) required laryngotracheal reconstruction.
- Despite the uncertainty surrounding the the value of laryngeal cleft repair, we have demonstrated improved swallowing outcomes, and thus the benefit of performing the procedure.

REFERENCES