

***Upper airway assessment by awake flexible laryngoscopy in infants***

***Study submitted for partial fulfillment of the master degree***

***(M.Sc.) in otorhinolaryngology***

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## Abstract

Use of rigid direct laryngoscopy in the investigation of stridor in children is well recognized . This study presents awake flexible fibreoptic laryngoscopy as the first line in investigation of children, under six months of age, who present with stridor without any associated respiratory distress.

Using the per oral approach the procedures were conducted at Kasr El Ainy Hospital.

No anaesthesia, local or general, nor sedation was used. Of the 40 cases included in the study, in 38(95 per cent) cases a working diagnosis was reached on awake flexible laryngoscopy. Twenty six had laryngomalacia, five had multiple papillomatosis, four had glottic web, three had vocal cord paralysis, two had subglottic stenosis and two were normal. Only two cases(5 per cent) cases needed rigid direct laryngoscopy to reach a definitive diagnosis.

There were no problems with the maintenance of the airway during the procedure.

It is particularly useful in the diagnosis of functional abnormalities of the larynx, such as laryngomalacia and vocal fold palsies.

Awake flexible laryngoscopy using the per oral approach is a safe and reliable technique for reaching a working diagnosis in a approximately 95 per cent of cases.