



Laryngomalacia

Patient and Family Education

This teaching sheet contains general information. If you have any additional questions, please speak with the office nurse at (813) 262-1330.

What is Laryngomalacia?

Laryngomalacia is the most common cause of “noisy breathing” in newborns. It is usually found in full term infants, and worsens until the age of about 6 months. This is due to the epiglottis (the floppy tissue that protects your airway) being malformed. So when the baby takes a breath in, the epiglottis doesn’t close correctly and the baby breathes noisily, also known as stridor.

For most infants, laryngomalacia is not a serious condition. This condition usually self resolves by the time the infant is 12-18 months old. For infants who are struggling to breath, eat and/or gaining weight, there may be a surgical option to correct laryngomalacia.

When should you seek help?

Go to the hospital immediately if:

- Your child stops breathing for more than 10 seconds.
- Turns blue around the lip while breathing noisily
- Pulls in the neck or chest without relief after being repositioned or awakened.

What are symptoms of laryngomalacia?

- Noisy breathing (stridor) — An audible wheeze when your baby inhales (breathes in). It is often worse when the baby is agitated, feeding, crying or sleeping on his back.
- High pitched sound
- Difficulty feeding
- Poor weight gain
- Choking while feeding
- Apnea (breathing stoppage)
- Pulling in neck and chest with each breath
- Cyanosis (turning blue)
- Gastroesophageal reflux (spitting, vomiting and regurgitation)
- Aspiration (inhalation of food into the lungs)

How is it diagnosed?

- Nasopharyngolaryngoscopy may be done in the office using a small camera that looks like a strand of spaghetti with a light on the end is passed through your baby’s nostril and into the lower part of the throat where the larynx is. This allows your doctor to see your baby’s voice box.

Treatment?

Most laryngomalacia resolves without treatment by the time your child is 12-18 months old. However, if the laryngomalacia is severe (significant blue spells, failure to gain weight, significant chest or neck retractions), your child’s treatment may include reflux medication and/or surgical intervention.

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