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LARYNGEAL INFECTIONS IN CHILDREN, OBVIOUS LARYNGITIS WITH DYSPHONIA

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Annotation
Laryngitis is an inflammation of the voice box (larynx) that causes your child's voice to become raspy or hoarse. Most of the time, laryngitis comes on quickly and lasts as long as 2 weeks. It is caused by overuse, irritation, or infection of the vocal cords inside the larynx. Some of the most common causes are a cold, influenza (flu), or allergies. Below we will focus on laryngeal infections and laryngitis.

Keywords: inflammation, airway infections, Streptococcus pyogenes, Staphylococcus aureus, viruses, influenza.

Laryngeal infections are caused primarily by viruses and bacteria and have important implications on the ability to swallow, phonate, and breathe. A high suspicion and timely diagnosis is important in these patients as in the most serious of circumstances airway inflammation can progress to airway obstruction, with epiglottitis being the best example of this.
The presentation of laryngeal inflammation and infection in the pediatric patient differs drastically from that of the adult. The adult larynx has more space to accommodate inflammation while the pediatric airway is proportionally smaller and therefore more susceptible to edema and inflammation. This can lead to a rapidly progressive clinical course in children, highlighted by the presence of obstructive symptoms and impending airway compromise. The assessment of a patient with a suspected laryngeal infection should include a prompt evaluation for airway

compromise focusing on stridor, increased work of breathing with retractions and accessory muscle use, and cyanosis.

If the patient's airway is in stable condition, the provider should complete a history and physical exam. Information on the duration of symptoms, associated symptoms, history of exposure to ill contacts, recent travel, and any possibility of foreign body aspiration should be obtained. Commonly associated symptoms include difficulty feeding, cough, and voice changes. After a complete history, a physical exam is performed including vital signs with a focus on the patient's respiratory status. As previously mentioned, the provider needs to first determine.

If the patient has a stable airway. This is determined by watching the child's work of breathing as well as by listening to their breathing. Should the patient have stridor, it is important to determine if it is inspiratory, expiratory or biphasic stridor as they are each associated with different levels of obstruction. In the stable patient, flexible laryngoscopy may provide important diagnostic information about laryngeal involvement; however the provider should take caution as laryngoscopy can exacerbate laryngeal swelling and cause acute airway obstruction, especially in a patient with epiglottitis. Additional diagnostic tools that may be helpful include neck and chest radiographs and blood work including a white blood cell count to evaluate for infection.

In general if a patient with a laryngeal infection is suspected of having severe airway obstruction, the airway should be secured in a controlled manner, with the operating room often the best option. If significant obstruction is suspected, but the patient is stable, they should be admitted for continuous monitoring with treatment targeted towards the suspected cause.

Laryngitis is inflammation of the larynx and generally occurs in older children. It is most commonly caused by a viral infection or vocal strain. Infectious Etiology Respiratory viruses, especially adenovirus and influenza, are the most common etiology. Secondary bacterial infections from Streptococcus pyogenes (group A streptococcus) or Staphylococcus aureus may also occur. Fungal infections are rare, but can occur in immunocompromised children.

Clinical Features. The most common symptom in patients with laryngitis is dysphonia with hoarseness and a change in voice at presentation. Other respiratory

viral symptoms, such as rhinorrhea, low-grade fever, sore throat, and cough may also be present. Although adenovirus and influenza can be associated with high fevers, if purulent exudate or progressive pain are present, a secondary bacterial infection should be considered.

Management. Acute laryngitis is typically a self-limited illness that can be treated symptomatically with oral hydration, voice rest, and over-the-counter pain medication. Treatment with antibiotics or steroids is not usually necessary, but antibiotics are indicated in cases of secondary bacterial infection, and steroids if ther Conclusion, laryngeal infections are caused primarily by viruses and bacteria and have important implications on the ability to swallow, phonate, and breathe. A high suspicion and timely diagnosis is important in these patients as in the most serious of circumstances airway inflammation can progress to airway obstruction.

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