Upper Airway Obstruction

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Stridor/Stertor

- Auditory manifestations of disordered respiratory function
  - i.e. noisy breathing resulting from an upper airway obstruction

-Merit investigation in every case
Introduction

• Stertor
  – Caused by obstruction of airway above the larynx
  – Vibration in tissues of nasopharynx, oropharynx or soft palate

• Stridor
  – Due to airflow changes in the larynx, trachea or bronchi
Introduction

- **Sternor**
  - Caused by obstruction of airway above the larynx
  - Vibration in tissues of nasopharynx, oropharynx or soft palate

- **Stridor**
  - Due to airflow changes in the larynx, trachea or bronchi
Associated signs and symptoms

• Dyspnoea (shortness of breath)
  – Severity of one reflects severity of the other
  – Beware of signs in neonate and small infant
Associated signs and symptoms (continued)

• Swallowing and breathing
  – Share common pathway: oropharynx
  – Disorders of the one may interfere with the other
  – Stridor/Stertor often increase during feeding
  – Infants often noted to be poor or slow feeders
General features: Stridor

- Always a symptom or a sign, never a diagnosis or a disease
- History and physical examination will indicate problem areas
- Endoscopy will confirm final diagnosis
History and physical examination

• Clear “history” of onset, progression and details of exacerbating or relieving features

• FULL examination of:

  mouth & nose - oropharynx - larynx - trachea
History and physical examination

- Clear “history” of onset, progression and details of exacerbating or relieving features

- **FULL** examination of:

  mouth & nose - oropharynx - larynx – trachea

  . . . will reveal, in most cases, the diagnosis
Examination

• Endoscopy - Gold standard

• Evaluate nasal passages, nasopharynx, oropharynx, larynx and trachea

• General anaesthetic if required

• Decide on treatment
Examination
Causes and classification

- Adult
- Children
- Neonatal
Causes: Adult

- Malignancy
  - Nasopharynx, oropharynx, larynx

- Laryngeal trauma
  - post intubation

- Acute laryngitis

- Supraglottitis / epiglottitis
Causes: Children

- Laryngotracheobronchitis (Croup)
- Epiglottitis
- Foreign body
- Trauma
  - post intubation
- Retropharyngeal abscess
- Laryngeal papillomata
Causes: Children

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Causes: Children (continued)
Causes: Children

- Laryngotracheobronchitis (Croup)
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- Foreign body
- Trauma
  - post intubation
- Retropharyngeal abscess
- Laryngeal papillomata
Causes: Children (continued)
Causes: Neonatal

- Laryngomalacia
- Congenital tumors, cysts
- Webs
- Subglottic stenosis
- Vocal cord paralysis
Summary

• Stridor is abnormal and should be investigated

• Laryngeal evaluation has to be performed in all patients with stridor

• Snoring for longer than 6 months in a child is abnormal