Today's Topic

INFLAMMAMATORY CONDITIONS OF LARYNX

Presented by-

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Acute inflammation of larynx

Acute inflammations of larynx: are

- Acute laryngitis.
- Acute epiglottitis.
- Acute laryngo-tracheo-bronchitis.
- Laryngeal diphtheria.
- Oedema of larynx.

Chronic inflammation of larynx.

Chronic inflammations of larynx: are

- Chronic laryngitis.
- Atrophic laryngitis.
- Tuberculosis of larynx.
- Lupus of the larynx.
- Syphilis of the larynx.
- Leprosy of the larynx.
- Laryngeal mycosis.
- Reinke's oedema.


ACUTE
LARYNGITIS

ACUTE LARYNGITIS

Acute inflammation of laryngeal mucosa.

Aetiology:

- Viral or bacterial cause.
- Common viruses are – adenovirus , influenza virus .
- Bacteria involved most commonly are *streptococcus pneumonia , haemophilus influenza .*

Predisposing factors:

- More common in winter and early spring.
- Upper respiratory tract infection, vocal abouse, acid reflux, smoking.
- Trauma due to vocal abuse and /or endoscopic manipulation.
- Irritation from inhaled fumes or gas , including tobacco smokes.

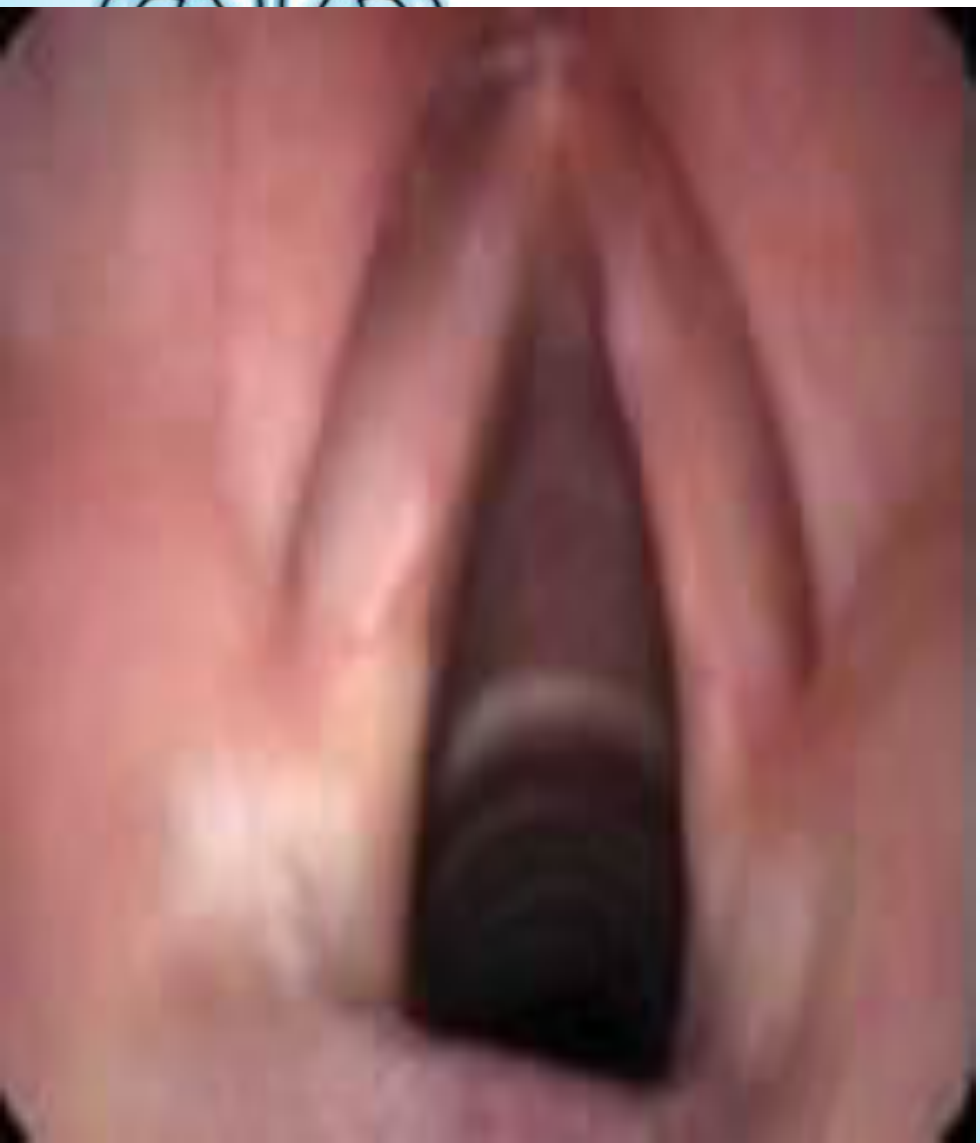
ACUTE LARYNGITIS

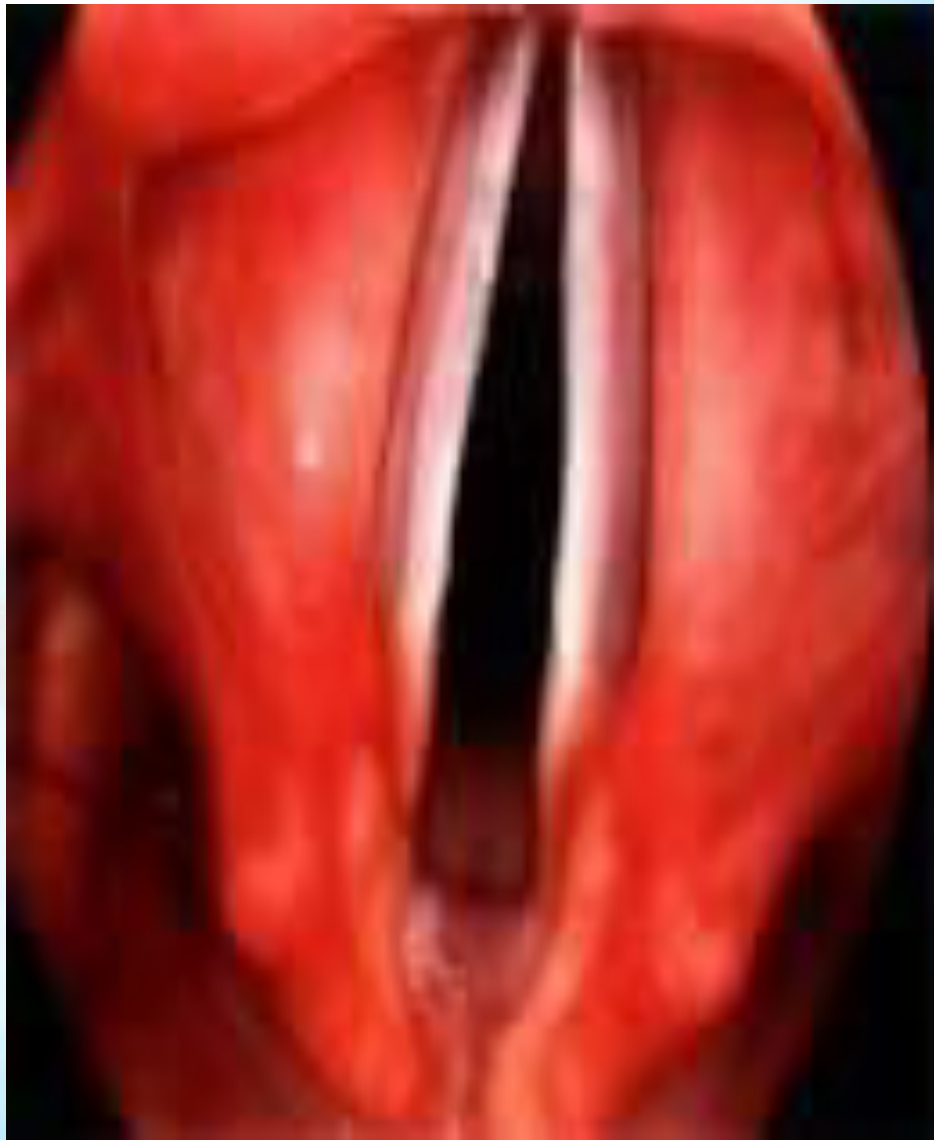
Clinical features:

Symptoms are usually abrupt in onset and consist of-

- **Hoarseness-** may lead to complete loss of voice.
- **Discomfort or pain in the throat .**
- **Dry, irritating cough-** worse at night**.**
- **Malaise and fever may occur.**
- **Examination shows -Symmetrical redness and/or sticky secretions on vocal cords.**
- **Normal vocal cords movement.**

Acute laryngitis





ACUTE LARYNGITIS

Treatment:

- Voice rest .
- Stream inhalations with menthol crystal or tin. Benzoin co.- help to loosen viscid secretions.
- Anti-histamine.
- Systemic antibiotic- if infective origin.
- Nasal decongestants.
- Avoidance of smoking, alcohol and other predisposing factors.


ACUTE
EPIGLOTTITIES

ACUTE EPIGLOTTITIES

Definition :

Acute epiglottitis is an acute inflammatory condition confined to supraglottic structures, i.e. epiglottis, aryepiglottic folds and arytenoids.

Causative organism :

- ***Most common in children of 2-7 years of age.***

Can also affect adult.

- ***Haemophylus influenza* type B is the most common causative organism.**
- **Beta *Haemolytic streptococci, pneumococci and staphylococci* are rarely.**

ACUTE EPIGLOTTITIES

Prophylaxis

HIB vaccine **, 3 doses given at 2 , 3 & 4 months for prevention of epiglottitis and meningitis.**

Clinical features:

1. **Short history and starts with URTI .**
2. **High rise of temperature .**
3. **Severe sore throat.**
4. **Dysphagia.**
5. **Stridor – inspiratory.**
6. **Muffled voice/hot potato voice.**
7. **Flushed face, ill or toxic looking.**

ACUTE EPIGLOTTITIES

Diagnosis

1. History :
2. Examination of larynx:

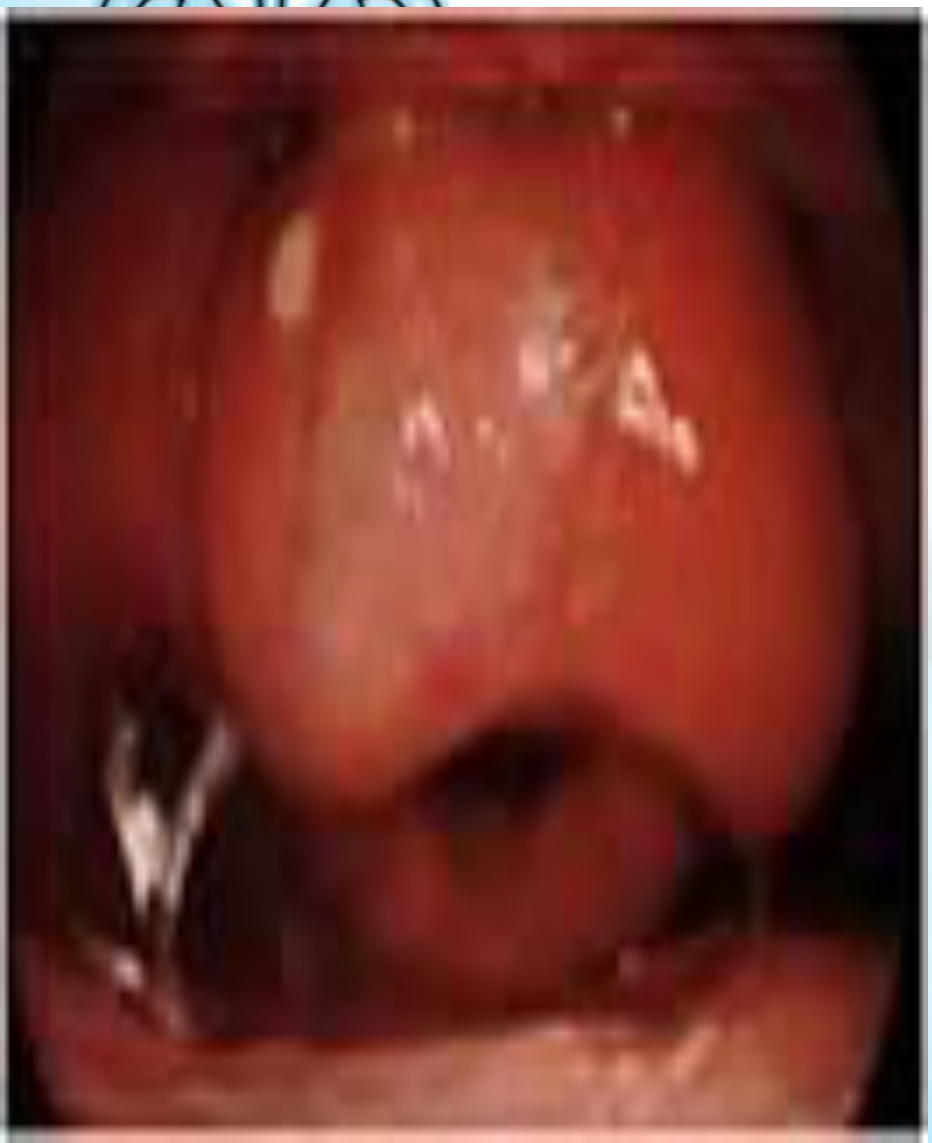
* Indirect laryngoscopy shows sun rising appearance of epiglottis.

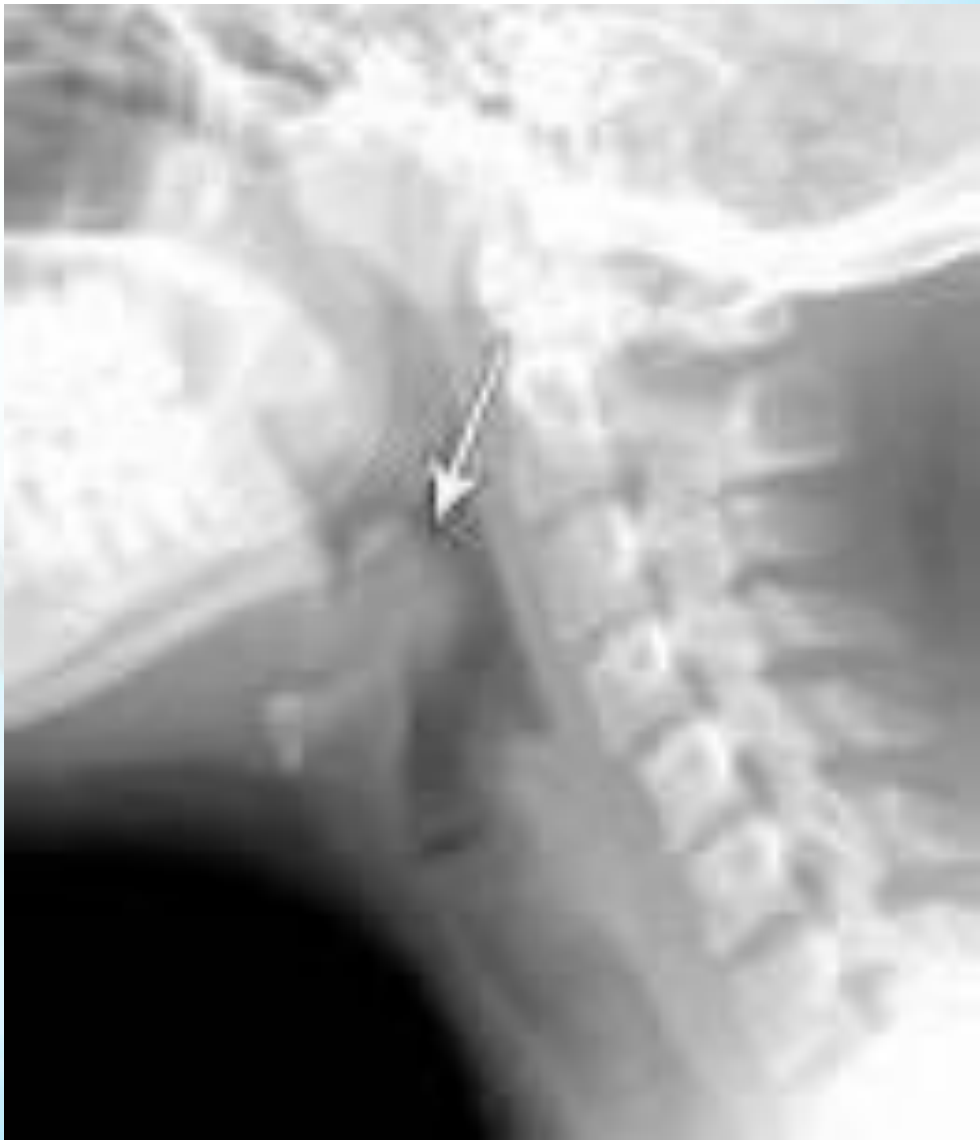
* F O L shows red and swollen epiglottis .

3. *Investigation:*

X-ray soft tissue neck lateral view shows swollen epiglottis as *thumb sign*.

Acute epiglottitis.





ACUTE EPIGLOTTITIES

Treatment:

1. **Hospitalization- Constant supervision.**
2. **Intravenous antibiotic in high doses .**
   Ampicillin or third generation cephalosporin are effective against *Haemophylus influenza*.
3. ***Steroids* .**
4. **I.V. fluids .**
5. **Intubation or tracheostomy- if significant stridor**

Acute laryngotracheobronchities

It is called acute subglottic laryngitis or croup. It is a disease of the subglottis and latter of the trachea and bronchi.

Aetiology

- **Affects infants and young children** (6 months to 3 years).
- **Causative organism is usually** para influenza virus type 1-4.

Acute laryngotracheobronchities (cont.)

Clinical features:

- Hard , dry, croupy cough and sudden hoarseness following upper respiratory tract infection.
- High fever- May be 39-40 degree.
- Dyspnoea and inspiratory stridor.
- The child is toxic and restless.
- Tenacious exudation and crusting.
- Oedema of larynx.
- Atelectasis , caused by occlusion of the bronchi.

Acute laryngotracheobronchities (cont.)

Differential diagnosis:

- **Acute simple laryngitis.**
- **Diphtheria.**
- **Bronchopneumonia.**
- **Bronchial foreign bodies.**

Acute laryngotracheobronchities (cont.)

Treatment

- Hospital admission .
- Systemic antibiotics .
- Antipyretics.
- I.V .Fluids.
- Steroids.
- Intubation or tracheostomy may be needed if significant stridor.
- Humidification of inspired air.


Thank you
All