Respiratory Distress
Respiratory distress is common in neonate but there are multitudes of causes but congenital laryngeal web and stenosis are rare. Recognizing this rare etiology can assist in management of the airway in and out of operating room.

Case Report
3 day old full term infant with laryngeal web and stenosis for tracheostomy. At birth, APGAR was 6 and 5 at 1 and 9 minutes with respiratory distress despite being placed on nasal CPAP and was subsequently intubated with styletted uncuff 2.5 ETT with resistance.

Physical exam - dysmorphic facial feature, bilateral microtia, micrognathia, left upper eyelid coloboma.

Direct laryngoscopy in OR with findings of severe laryngeal web and stenosis extending into subglottis with what appears to be absence of vocal cords.

She remained intubated in NICU until tracheostomy and further genetics workup. Scheduled tracheostomy was uneventful with extra caution of maintaining access to airway until the tracheostomy is secured by the surgeon.

Discussion
Oftentimes, laryngeal web and stenosis present later in childhood and perhaps adulthood as it may be mild or due to traumatic airway manipulation. With the more severe laryngeal web and stenosis, infants present with respiratory obstruction early on and requiring tracheostomy. Congenital laryngeal web and stenosis as seen in this infant is seen in less than 5% of all congenital laryngeal lesion and is associated with deletion of chromosome 22q11. Treatment is dependent on the severity of the web and stenosis and often includes simple incision, carbon dioxide laser excision, steroid injection and endoscopic dilatation. The rarity of this congenital anomaly necessitates the awareness of this cause of respiratory distress and the difficulty in securing definitive airway.

References