### Definitions in stridor
- Stridor is a harsh, high-pitched respiratory sound, caused by obstruction of the upper airways at or below the level of the larynx
  - Stridor is worth with distress/crying, particularly in children
  - Expiratory stridor: intrathoracic tracheal cause (as the increase in intrathoracic pressure on expiration makes the obstruction worse)
  - Biphasic stridor: subglottic cause
  - Inspiratory stridor: Supraglottic/glottic origin
- Stertor is pharyngeal and worse with sleep

### Causes of stridor
(think of intraluminal, luminal and extraluminal causes)
- Intaluminal
  - Foreign body
  - Vocal cord palsy
- Luminal
  - Supraglottitis/epiglottitis
  - Croup
  - Malignancy
  - Papillomatosis
- Extraluminal
  - Airway trauma
  - Compression e.g. from thyroid or malignancy external to airway
  - Cricoarytenoid fixation in rheumatoid

### Common causes of stridor in children
- Laryngomalacia
- Croup
- Foreign body
- Epiglottitis
- Vocal cord palsy
- Laryngeal web/cleft
- Subglottic stenosis
- Respiratory papillomatosis

### History and examination in stridor
- Adults and children
  - Severity
  - Onset
  - Recent changes
  - Neck lumps
  - Recent infections
- Previous intubations
- Change in voice

- Children
  - Change in cry
  - Feeding difficulty

- Adults
  - Malignancy screening questions: Smoking, drinking, weight loss, dysphagia

- NB. Beware of signs of respiratory distress, cyanosis or drooling

**Management of stridor**

- **Stridor is an emergency**
  - Manage with ABCDE approach
  - Call an anaesthetist early
  - Get the patient to a safe place and get help from the ENT team with experienced anaesthetist

- In children, DO NOT distress in any way them as this can compromise the airway

- Medical management of the airway
  - IV steroids
    - Dexamethasone 8mg TDS to start
  - Nebulised adrenaline
    - 1ml 1:1000 made up to 5ml with normal saline

- At some point the cords will need to be visualised either with a flexible nasendoscopy if safe to do so else under general anaesthetic

- Emergency airway options include
  - 1) Intubation
  - 2) Jet ventilation
  - 3) Cricothyroidotomy
  - 4) Tracheostomy