

Stridor

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 worse 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)

- Intraluminal
 - 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