

Acute and chronic infections of the larynx:-

Acute simple laryngitis in adult:-

It is acute superficial inflammation of the laryngeal mucus membrane.

Etiology:-

1-infection: laryngitis occur as part of upper respiratory infections , lower respiratory infections, or as sudden localized laryngitis. This may be primarily viral infections.

- Patients suffering from sinusitis , nasal obstruction from any cause, over use of voice and excessive alcohol or tobacco smoking are more prone.**

- It is commonly associated with exanthemas and other fevers.

2-trauma: due to vocal cord abuse and /or endoscopic manipulation.

3-irritation : from inhaled fumes or gases, including tobacco smoking.

Clinical features:-

1-hoarsness.

2-discomfort in the throat.

3-pain is slight or absent except in very severe cases.

4-cough: if present it is dry and irritating.

5-dysphagia: it is usually slight, unless the epiglottis or arytenoids are markedly involved as after swallowing hot fluid.

6-dyspnea: it is absent unless edema occurs in severe cases.

7-generalized symptoms: malaise and fever often occur before the local symptoms appears.

On examination:-

1-symmetrical redness of both vocal cords.

2-sticky secretions on the vocal cords.

- **The inflammation usually resolve in few days, in severe cases it spread throughout the tracheobronchial tree and lungs, this occur mostly in old age patients.**

Treatment:-

A-local: voice rest, steam inhalation medicated with menthol.

B- general: rest, avoidance of alcohol and tobacco, and systemic antibiotics in cases of bacterial infection.

Acute simple laryngitis in children:-

- Acute laryngitis is more serious condition in children than in adults, as the glottic lumen decrease by 50% by 1 mm edema.

Etiology:-

- 1-any upper respiratory tract infection: viral or bacterial, can cause acute laryngitis. It is common with exanthems.
- 2-trauma: to laryngeal or pharyngeal mucosa.

Clinical features:-

- 1-cough: due to laryngeal spasm (false croup), it develop suddenly.
- 2-dyspnea , cyanosis, and strider: from laryngeal spasm or mucosal edema. Strider sometimes present, it is inspiratory and in drawing of the supraclavicular and suprasternal fossae may be seen during the paroxysm of strider.
- 3-hourseness (horsed voice).

Treatment:-

- 1-rest in bed is essential.**
- 2-systemic antibiotics.**
- 3-systemic steroids in all severe cases.**
- 4-humidified O2 sometimes is needed.**
- 5-i.v. fluid is needed to prevent dehydration.**
- 6-nasotracheal tube may be inserted if needed.**
- 7-tracheostomy is indicated when the obstruction is severe.**

Acute epiglottitis:-

Definition:-

- it is a special form of acute laryngitis, in which the inflammatory changes affect mainly the loosely attached mucosa of the epiglottis. localized edema may obstruct the air way especially in children, in whom H. influenzae may be the causal organism.**
 - Age incidence is between 1-6 year old.**

Clinical features:-

- 1-dyspnea: may be progressing and alarming.**
- 2- pain on swallowing.**
- 3-generalized symptoms: fever and malaise.**

On examination:-

- .The child is sitting , cannot sleep and drooling saliva. At first the patient is apprehensive and cyanosed then got hypoxia and hypercapnea then become pale and apathic.**
 - x-ray: thumb sign.**

Treatment:-

- 1-constant supervision in hospital.**
- 2-i.v. antibiotics against H.influenzae in high doses (amoxicillin+ clavulanic acid).**
- 3-humidified O2.**
- 4-systemic steroid.**
- 5-nasotracheal intubation versus tracheostomy.**

Acute laryngo-tracheo-bronchitis:-

Etiology:-

- affect infants and young children , causative organism is usually B hemolytic streptococcus but may be a virus.

Clinical features:-

- are the same as in acute simple laryngitis as it occur in children but are much more severe.
- x-ray: steeple sign.

Treatment:-

1-bed rest.

2-Humidified O2.

3- systemic antibiotics + systemic steroid may be started immediately.

4-i.v. fluid to combat dehydration.

5-nasotracheal intubation versus tracheostomy.

Diphtheritic laryngitis:-

- Laryngeal diphtheria is usually an extension of faucial infection
- It is difficult to diagnose when it is primarily laryngeal.

Etiology:-

- due to *Corynebacterium diphtheriae*.

Clinical features:-

- the onset is usually insidious and undramatic. there is croupy cough , inspiratory strider , and fever.
- On examination: grayish-white color membrane appear on the affected parts.

Treatment:-

1-anti toxin injection.

2-systemic penicillin.

3-O₂ is essential in severe cases.

4-tracheostomy may be needed in severe cases.

Chronic laryngitis:-

- **specific like TB .**
- **or nonspecific.**

