

Laryngitis in children-diagnosis and treatment strategies

Khojimurodov Afzalshokh Bekturodovich

Doctor: Pediatric ENT Specialist

Samarkand City Children's Hospital

Khushvakova Nilufar Zhurakulovna–

DSc Professor, head of department Head of the Department of

Otolaryngology Samarkand State Medical University

Abstract:Laryngitis is an inflammatory condition of the larynx (voice box) that commonly affects children, especially those under the age of 6. It often leads to hoarseness, a barking cough, and sometimes breathing difficulties. In pediatric cases, laryngitis is frequently associated with viral infections and may overlap with conditions such as croup. Due to the narrower airway in children, even mild inflammation can cause noticeable symptoms, making early recognition and proper management essential.

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In children, the airway is anatomically narrower than in adults. When inflammation occurs, even a small amount of swelling significantly reduces airflow. This follows Poiseuille's law, where airflow resistance increases dramatically as airway diameter decreases. As a result, symptoms such as stridor and respiratory distress can develop quickly.

Laryngitis in children is an inflammation of the larynx (voice box) that mainly affects the vocal cords and airway. It is a common condition in pediatric practice and usually occurs as a result of viral infections such as parainfluenza, adenovirus, or respiratory syncytial virus. Because children have narrower airways than adults, even a small amount of inflammation can lead to noticeable symptoms and breathing difficulties.

The most typical symptoms of laryngitis in children include hoarseness or loss of voice, a dry barking cough, sore throat, and sometimes fever. In more serious cases, children may develop stridor, which is a high-pitched sound during breathing, and

signs of respiratory distress such as rapid breathing or chest retractions. Symptoms often worsen at night, which can make the condition more alarming for parents.

Diagnosis of laryngitis is mainly clinical. A doctor evaluates the child's symptoms, listens to breathing, and examines the throat. In most cases, no additional tests are required. However, if the condition is severe or unusual, procedures like laryngoscopy or oxygen level monitoring may be used. It is important to distinguish laryngitis from other serious conditions such as epiglottitis or foreign body aspiration.

Treatment depends on the severity of the disease. In mild cases, supportive care is usually enough. This includes providing plenty of fluids, ensuring the child rests their voice, and using humidified air to soothe the airway. Fever and discomfort can be managed with medications like Paracetamol or Ibuprofen. In moderate cases, doctors may prescribe corticosteroids such as dexamethasone to reduce inflammation. In more severe cases with breathing difficulty, nebulized epinephrine may be required, and the child may need hospital observation.

At home, parents should keep the child calm because crying can worsen airway narrowing. Using a humidifier, giving warm fluids, and avoiding exposure to smoke or cold air can help recovery. Most cases of laryngitis improve within a few days without complications.

In conclusion, laryngitis in children is usually a mild and self-limiting condition, but it requires attention due to the risk of airway obstruction. Early recognition of symptoms and proper treatment ensure a quick and safe recovery.