



## **SYMPTOMS OF LARINGITIS IN CHILDREN, SOME COMMENTS ABOUT PREVENTION MEASURES**

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### **ABSTRACT**

*This article discusses the symptoms of laryngitis in children, preventive measures and new ways to prevent them. In it, comments were made on the basis of analyzes of the etiological state of the disease, the different aspects of the child's age, the period of the disease, and the symptoms of allergic reactions.*

Laryngitis, an acute inflammation of the larynx, is quite common in children. It manifests itself as hoarseness and is often accompanied by stenosis, a condition when swelling partially blocks the glottis and it becomes difficult for the child to breathe. Fortunately, in most cases, with timely medical care, this condition is not dangerous. In the article we analyze the causes and treatment strategies. With inflammation, the vocal cords swell, and the voice changes, becomes hoarse or disappears completely. Laryngitis is dangerous because in some cases the swelling almost completely covers the glottis. This condition is called "acute obstructive laryngitis" (it may also be called "stenosing laryngitis", "larynx stenosis" or "false croup"). It causes difficulty breathing and may require emergency treatment.

Laryngitis in children can be caused by:

- infectious or viral inflammation;
- external neck injury;
- internal trauma to the neck or larynx, including foreign body penetration;
- allergic reaction;
- reflux of hydrochloric acid and contents from the stomach during gastroesophageal reflux (heartburn);
- atypical vocal load (for example, strong screaming);
- chronic diseases of the respiratory system;
- metabolic disorders in diabetes mellitus;
- hypothyroidism;
- diseases of the gastrointestinal tract;
- chronic renal failure;



- pathology of the separation function of the larynx;
- abuse of alcoholic beverages and tobacco;
- previous radiation therapy.

Most often, laryngitis in children is caused by viruses, including the parainfluenza virus (it causes obstructive laryngitis in 80% of cases), rhinoviruses, enteroviruses, coronavirus and other respiratory viral infections. In rare cases, laryngitis in children is caused by bacterial infections, including *Mycoplasma pneumoniae*. Before children began to be widely vaccinated against diphtheria, this disease was a common cause of acute obstructive laryngitis.

Swelling resulting from infectious inflammation, injury or irritation of the laryngeal mucosa leads to narrowing (stenosis) of the glottis and can cause difficulty breathing, wheezing, change in voice or its temporary absence. The main sign of laryngitis in children is hoarseness or change in voice timbre. As a rule, they are accompanied by pain and sore throat, a slight increase in body temperature, and a dry cough. The tonsils become enlarged.

Acute laryngitis in children often occurs along with inflammation of neighboring organs, and then doctors talk about laryngotracheitis or laryngotracheobronchitis.

False croup often begins as a normal ARVI, but then symptoms such as:

- “barking” cough,
- whistling sound when inhaling,
- noisy (stridor) breathing,
- slight increase in body temperature,
- redness of the eyes (less often),
- enlarged lymph nodes (less often),
- skin rashes (sometimes).

Laryngitis in children is diagnosed based on complaints, medical history and physical examination. In some cases, laboratory diagnostics is required. The doctor may prescribe tests if laryngitis is accompanied by a high temperature - in this case, it is necessary to exclude the bacterial nature of the disease (it requires treatment with antibiotics). Acute obstructive laryngitis must be differentiated from other diseases that are accompanied by laryngeal stenosis: epiglottitis (a dangerous condition that develops with inflammation of the epiglottis), gastroesophageal reflux and acute allergic reaction.

Epiglottitis is a dangerous condition that can threaten the life of a child. It develops as a result of bacterial inflammation of the epiglottis, a small organ located just behind the base of the tongue, and surrounding tissues. Epiglottitis can lead to complete occlusion of the airways. As a rule, viral laryngitis goes away in 5–7 days. To relieve symptoms, it is recommended to drink plenty of fluids and humidify the indoor air. If necessary, vasoconstrictor and antipyretic drugs can be used.

To relieve an attack of laryngeal stenosis, you need to let the child breathe cool air (go to an open window) or moist air (you can turn on the shower and close the bathroom door to create a steam room effect). If relief does not occur, you should consult a doctor as soon as possible.

To treat obstructive laryngitis, glucocorticosteroids are prescribed - hormonal drugs that help relieve laryngeal spasm. They are used in the form of inhalations or intramuscular



injections. If breathing is severely difficult, intubation may be necessary - inserting a tube into the windpipe to keep the airway open.

In most cases, inhalations help to quickly relieve an attack of stenosis. If laryngitis is caused by a bacterial infection or if it is added as a complication, antibiotics are prescribed. Chronic laryngitis (laryngitis that lasts longer than 3 weeks) in children is most often caused by other diseases, such as gastric reflux disease (heartburn), bronchial asthma, and allergies. Laryngitis can also be provoked by foci of untreated infection in the mouth or pharynx - caries, chronic tonsillitis or adenoiditis.

Treatment of chronic laryngitis requires a comprehensive diagnosis and elimination of the primary cause of the disease. In rare cases, if the laryngeal stenosis in acute obstructive laryngitis is too severe, emergency medical attention may be needed. As a rule, laryngitis in children is quite mild. With false croup, hospitalization is required only in 5% of cases. With adequate treatment, acute symptoms go away within 1–2 days. To prevent laryngitis in children, it is recommended to generally strengthen the immune system and maintain good hygiene. Frequent illnesses can be caused by foci of chronic infection in the mouth or nasopharynx. To avoid recurrent infections, it is important to promptly treat caries and chronic inflammation in the tonsils and adenoids.

If a child is prone to allergic reactions, contact with allergens must be excluded. Poor environmental conditions and passive smoking also increase the risk of developing laryngitis. Sometimes it is enough to change the area or move out of town to significantly reduce the frequency of exacerbations. Hoarseness and cough are common symptoms of many diseases that require utmost attention from parents. Timely treatment not only improves the child's condition in a short time, but also prevents the development of complications.

Laryngitis in children is an inflammatory disease of the larynx (the part of the respiratory system that connects the pharynx and trachea). It manifests itself as an intense cough, which occurs reflexively in response to tissue swelling and irritation of nerve endings. Every parent knows firsthand how painful a cough is for a baby: it brings considerable discomfort and disrupts the natural breathing process, worsening general well-being.

With chronic laryngitis in children, the main goal is to prevent the development of exacerbations. The absence of hypothermia and contact with sick people will reduce the risk of possible infection. Prevention of laryngitis in children includes sanitation of foci of chronic infection (with carious lesions of teeth, chronic tonsillitis), general strengthening of the body: hardening, walks in the fresh air, outdoor games, balanced nutrition with sufficient levels of micro- and macroelements, vitamins, if there is a tendency to allergies - limiting contact with the provoking factor.

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