

Surgical Management in Severe Laryngomalacia

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Majority of infants with laryngomalacia does not requires any surgical intervention because the disorder is self-limited. However in the severe cases which associated with failure to thrive, repeated cyanosis, obstructive apnea and / or cor pulmonale, surgical intervention are required. Traditionally in severe cases have been treated with tracheotomy. In the last decade, several literatures reported successful ablation of the redundant supraglottic tissue with either microscissors or carbon dioxide laser. Here we reported our early experience with 4 infants who were diagnosed with severe laryngomalacia and were treated with laser aryepiglottoplasty. The aim of this presentation is to highlighted the surgical technique and the effectiveness of bilateral aryepiglottoplasty in the treatment of an infant with severe laryngomalacia. All 4 patients had resolution of the symptoms and there were no complications noted.

Key words: Severe laryngomalacia, Aryepiglottoplasty.

Surgical Audit in Day Care Myringoplasty

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Abstract:

Day-case surgery is preferred for adults, allowing post-operative recovery in family environment and fast recovery with family support. Myringoplasty using the traditional method of underlay temporalis fascia or tragal perichondrium is usually performed as an in-patient. From 2003 to 2004, 22 myringoplasties were performed in a dedicated day surgery unit at the Hospital Melaka We have retrospectively reviewed the outcome results of these procedures and reported them here. None of patients required admission overnight. There were no surgical or anesthetic complications noted. This series suggests that day-case surgery is a safe and desirable practice for patients undergoing myringoplasty. However, there should be the facility for admission if required.

Key words: Myringoplasty, Day care, surgical audit