



## Screening for high obstructive ventilatory disorders in children

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### Abstract:

High obstructive ventilatory disorders in children are very frequent reasons for consultation both in general medicine and in specialized consultations and concern a large pediatric population. Apart from the specific neonatal pathology, notably linked to exclusive nasal breathing up to 6 months of life, in most cases these are benign and most often transient obstructions. An embryological and anatomical knowledge is essential to understand these disorders.

Systematic questioning and clinical examination are essential to verify all the stages that may be involved and to avoid missing rare etiologies. It will be guided by the existence of diurnal and/or nocturnal respiratory sounds and by specific obstructive symptoms.

The clinical examination in the office will be detailed: analysis of the anterior part of the nasal cavity (piriform orifices, inferior turbinates), examination of the oral cavity (evaluation of the tongue) and the oropharynx (tonsils, aspect of the velum). Depending on these findings and their impact, a specialized ENT opinion may be requested and a nasofibroscope may be performed. This will allow analysis of the posterior part of the nasal cavities (choanae), the cavum (volume and appearance of adenoids) and the pharynx (lower poles of the tonsils, base of the tongue, vallecula). In some cases, complementary examinations can be proposed (imaging, sleep recording). The main etiologies will be discussed with the main therapeutic axes, except for laryngeal pathologies whose symptomatology (respiratory and phonatory), examinations and management differ.