

JOINT EVENT

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&

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Laryngo-Pharyngeal Reflux Disease(LPRD) in Pedia Patients

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Evaluation: Numerous tests are available for evaluation of patient with laryngeal disease and presumed GERD, Categories include:

1. Historic instruments and questionnaires,
2. Direct measurements of reflux and acidity,
3. Imaging,
4. Endoscopic and microscopic evaluation of the upper GI mucosa,
5. Direct visual inspection of the airway.

Clinical Manifestation:

Epidemiology: Prevalence-According to a large community-based study of children in the United States, the prevalence of various symptoms suggestive of (GER) was 1.8 to 8.2 %. The prevalence of GERD in adults in the western world is approximately 10 to 20 %. Middle East reach 25%.Higher rates of GERD are seen among children with developmental and neuromuscular disorders such as cerebral palsy and muscular dystrophy. Children with Down syndrome are also at increased risk for GERD and other oesophageal motor abnormalities. These groups of children also appear to be at increased risk for developing respiratory complications related to GERD and represent a significant proportion of children referred for ant reflux surgery.

Management of LPR disease in children: Several treatment options are available for controlling symptoms and preventing complications, The choice among them depends upon:- the patient's age, the type and severity of symptoms, response to treatment.

Clinical Cases:

1. 3 y old, male Turkish patient has 8 months refractory cough with nausea and vomiting abnormal material ..
2. 7 y old , male Syrian patient has 6 months history of cough with nocturnal aspiration and sever snoring diagnosed as refractory asthma.

Conclusion: The best initial evaluation for patient with chronic cough is a trial of PPI therapy, which must be maintained for 3 months, The most common cause of stridor in infants is laryngomalacia (LM).

Biography

Anas Ghonem Alhariri is Consultant E.N.T - Head & Neck Surgeon. He is a European & Arab board certified. He completed his Masters in Damascuss University and postdoctoral studies from ALMuassat Damascuss University School of Medicine. He is Head Department of Madinet Zayes Hospital at Abu Dhabi. Presently he is working at Abu Dhabi-UAE- SEHA facility as ENT Consultant HAAD and MOH Licenced since 2015.

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