

**Case Report**
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## Long-Term Management of Airway Obstruction as Key to Success

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**Received:** December 16, 2022; **Accepted:** December 22, 2022; **Published:** December 30, 2022

**Objective**

To create awareness about long-term management of airway obstruction as key to success in children with Pierre Robin sequence.

**Introduction**

In Pierre Robin Sequence, infant has micrognathia, glossoptosis and soft cleft palate. Potential complications include breathing problems, apnoea, feeding difficulties and gastro-oesophageal reflux.

**Case Reports**

A 20 days old male presented with micrognathia, glossoptosis and soft cleft palate with bird face appearance. There was breathing difficulty, sudden shortness of breath with gagging, vomiting and coughing after feeding. Infant appeared wasted, weighing 2.2 kg. (0.6 kg. below birth weight). He was in respiratory distress with nasal flaring, intercostal retractions and frequent episodes of coughing. Chest X-ray revealed hyperinflation and bilateral interstitial and perihilar infiltrates. Initially, the patient's upper airway was cleared and infant was nursed in the prone position (face down) and nasopharyngeal airway was placed. He was managed by antibiotics, fluids and oxygen. Due to small mandible and repeated glossoptosis, tongue is pulled by allis and a small stitch applied with lower lip. Child is nursed for 27 days without airway obstruction and fed by gavage feeding tubes. Later stitch was removed and baby managed at home with special instructions and repeated follow-ups.

**Discussion**

By putting baby in the prone position, gravity pulls the tongue forward and results in a larger airway passage. The nasopharyngeal airway bypasses the oral pharynx and the obstruction caused by the relative glossoptosis. The tongue-lip adhesion/glossopexy is a method to improve the airway obstruction. In this, tongue is sutured to the lower lip, thereby pulling the tongue forward, providing a larger airway. Later, after catch-up growth, this bond is separated. Devices such as palatal prostheses, endotracheal

intubation, mechanical ventilation, and tracheostomy can be used as per need. The vast majority of neonates, those who are breathing without assistance and orally feeding while in a prone position, can be discharged home after a few days. The mandible is expected to eventually grow; hence, the airway obstruction and the feeding issues are expected to decrease [1-3].


**Figure 1**

**Figure 2**



**Figure 3**

### References

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