Points to remember for Clinical Practice

Non-Infectious Pathologies of the Upper Airways

- Structural anomalies of the upper airways are part of the phenotype of patients with trisomy 21. They are responsible for an obstructive syndrome with early (<3 years of age) clinical expression, sometimes from the neonatal period onwards, and which varies according to the obstruction site. **A stridor is the most frequent presenting sign** but other forms of expression are possible, especially obstructive sleep apnea syndrome. **These anomalies can also be clinically silent.**

- **Laryngeal and tracheal structural anomalies** are more prevalent in patients with trisomy 21 than in the general population.

- Endoscopy of the upper airways enables diagnosis of the obstruction site in 75% of patients with trisomy 21, compared to in just 35% of the general population.

- **Multiple obstruction sites, many associated aggravating factors, and association with congenital heart disease in 50% of cases.**

- The 3 main diagnoses found during endoscopy are **laryngomalacia** (50%), **tracheomalacia** (33%) and **bronchomalacia** (21%).

- **Acquired forms of subglottic and tracheal stenosis are more frequent than congenital forms and those linked to a narrow trachea in patients with trisomy 21.** They can be prevented by adapting the size of the endotracheal tube.

- **The importance of a complete annual ENT examination in children up to 10 years of age.**