Sign & symptoms

\* They are fairly nonspecific -

Most common symtoms are cough , dyspnoea & voice change may be associated with local pain or dysphagia

 dyspnoea is the most important & when its progressive indicate imminent upper airway obstruction .

Stridor

-It’s a cardinal sign of upper airways obstruction

-noisy breathing resulting from narrowing of larynx or trachea.

-High pitched (low pitched called stertor)

  Types:

Its inspiratory , expiratory or biphasic

1 -Inspiratory when obst above the glottic level

2 -Exp. Obst wih intrathoracic airway

3 -Biphasic in tracheal lesions.

4-Extrathoracic airway tend to collapse during

& the oppsits for intrathoracic airway due to effect of inrta pleural pressure.

-Trachea is protected from these fluctuations during respiratory cycle by its cartilage rings

Hoarseness

-Its abnormal vibration of vocal cords.

-Impaired vibration as a result of v.c paralysis , oedema , mucosal tears , laryngeal disrubtions or reduced airflow through the glottis

-The greater the degree of hoarseness the greater the risk of laryngeal damage

-Aphonea may occure in severe injury.

Suprasternal retraction

-Accessory ms used to overcome obst like suprasternal retraction , intercostal recession & flaring of the nostrils.

Restlessness

-May be the result of anxiety or hypoxia

-A patient showing restlessness & suprasternal recession requires urgent resp. support

Drooling & bleeding

-Drooling the result of pain

-Pain is indicative of trauma or infection

-Bleeding is indicative of mucosal truama

Fractures & subcutaneous emphysema

-# of trachea , larynx , maxilla & mandible sh be checked.

**Assessment**

**Exclude any immediately reversible cause of obstruction**

**Resuscitation of breathing & circulation**

**Full assessment of other injures & medical conditions**

**If airway is stable but the underlying cause of obst. Is not obvious then further assessment may be warrented**

**Most useful investigation is F.O examenation to site & extent of obst.**

**Cervical x-ray in cervical injury**

**Other radiographs may be needed neck , chest , facial views & arteriography**

**Endoscopy in significant disrubtion of aerodigestive tract**