Basrah Journal Of Surgery

Case Report

Bas J Surg, March, 12, 2006

A REPORT OF A NEW SYNDROME OF LOW LARYNX WITH BAT EARS

Zuhair F Fathalah[*], Husham A Barrak[#], Salam N Asfar[@]

*M.Sc, Lecturer Plastic Surgery. # FICMS, ENT Surgeon, Assist. Prof. @M.Sc. Prof. Anaesthesiology. Department of Surgery, College of Medicine, University of Basrah, Basrah – IRAQ.

Introduction

Up to our knowledge, this is the first case of a syndrome of unusually low placed larynx with Bat ears. There are no similar case records in the literature.

Congenital laryngeal anomalies are rarely seen in daily practice, these are; laryngomalacia (60%), vocal cord paralysis (20%), subglottic stenosis (15%), and subglottic heamangioma (15%). Other malformations including laryngeal heamangioma, web, cyst and neuromuscular anomalies are very rare[1].

At birth the larynx is located high in the neck between the C1 and C4 vertebrae, allowing concurrent breathing, vocalization and deglutition. By the age of 2 years, the larynx descends inferiorly and bye the age of 6 years it reaches the adult position between C4 and C7 vertebrae. The new position provides greater range of phonation (because of the wider supraglottic pharynx) at the expense of losing this separation of function, ie, deglution and breathing[2-4].

The auricle developed from a series of six tubercles which form around the margins of the first and second visceral cleft. The laryngeal cartilages developed from the fourth and fifth visceral arches. The trachea is formed by the cranial end of the tracheobronchial tube from the ventral wall of the primitive pharynx during the third week of the fetal life[5].