**ABSTRACT**

Laryngeal papillomatosis is a benign neoplasia that can affect the true vocal cords, false vocal cords, or subglottic region. It has been found to be associated with human papilloma virus (HPV) and can sometimes mimic symptoms of foreign body airway obstruction and/or acute laryngotracheobronchitis. This case report describes an 18-month-old female who presented to the emergency department for persistent stridor. Despite receiving desamethasone and multiple racemic epinephrine treatments, she continued to have subcutaneous retractions and biphasic stridor at rest. Laboratory studies were all within normal limits. Routine soft tissue x-ray of the neck confirmed findings of croup. ENT consultation was obtained due to her persistent croup symptoms. Flexible laryngoscopy revealed bilateral papillomatous lesions of the larynx, causing significant obstruction to her airway. The lesions were resected and the patient’s respiratory symptoms resolved. This case highlights the importance of maintaining a high index of suspicion for underlying structural abnormalities in pediatric patients who present with persistent stridor.

**CASE**

Patient is an 18-month-old female who presented to the emergency department with 8 days of nonproductive cough, persistent stridor, and shortness of breath. Stridor was reportedly worse at night in the supine position. Mother also reported decreased oral intake, but denied fevers, rhinorrhea, vomiting, or diarrhea. Four days prior, the patient was discharged from the hospital due to croup.

Upon initial evaluation in the ED, she had heart rate of 148, respiratory rate of 32, saturation of 98% on room air, T: 36.8 F, BP 116/65. She had subcutaneous retractions and biphasic stridor. Lungs were otherwise clear to auscultation. The remainder of her physical exam was benign. She received 3 racemic epinephrine treatments and was given 0.6mg/kg dose of dexamethasone with minimal symptomatic improvements.

The patient was re-admitted to the hospital for further workup. Respiratory pathogen panel was negative for infectious etiologies. Routine soft tissue x-ray showed findings of subglottic narrowing consistent with croup (Figure A). CBC and CMP were within normal limits. The patient was started on scheduled racemic epinephrine treatments and inhaled systemic steroid (Pulmocort), but still had minimal improvements.

ENT consultation was obtained. Direct laryngoscopy was performed, which revealed sessile papilloma lesions involving the anterior left and entire right side of the patient’s true vocal cord (Figure B). The lesions were surgically removed. Her respiratory symptoms resolved post-operatively and she was discharged home with instructions to follow-up with ENT outpatient.

**IMAGING**

Figure A

Figure B

1. **Figure A (Left).** Mild supraglottic narrowing with distortion of hypopharynx consistent with tracheobronchitis without signs of a foreign body. Arrow indicating steeple sign. Source: Patient image.

2. **Figure B (Right).** Bilateral papillomatous lesion extending off false vocal cords and right true vocal cords, images taken during diagnostic laryngoscopy. Arrow: false vocal cords, Arrowheads: Arytenoid cartilage, Circle: glottis. True vocal cords are not visible due to lesion. Source: Patient image.

**REFERENCES**


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