



management  
of incomplete  
upper airway  
obstruction

airway  
obstruction

causes

### Functional causes

#### Central nervous system depression

Head injury, cerebrovascular accident, cardiorespiratory arrest, shock, hypoxia, drug overdose, metabolic encephalopathies

#### Peripheral nervous system and neuromuscular abnormalities

Recurrent laryngeal nerve palsy (postoperative, inflammatory or tumour infiltration), obstructive sleep apnoea, laryngospasm, myasthenia gravis, Guillain-Barré polyneuritis, hypocalcaemic vocal cord spasm

### Mechanical causes

#### Foreign body aspiration

#### Infections

Epiglottitis, retropharyngeal cellulitis or abscess, Ludwig's angina, diphtheria and tetanus, bacterial tracheitis, laryngotracheobronchitis

#### Laryngeal oedema

Allergic laryngeal oedema, angiotensin converting enzyme inhibitor associated, hereditary angioedema, acquired C1 esterase deficiency

#### Haemorrhage and haematoma

Postoperative, anticoagulation therapy, inherited or acquired coagulation factor deficiency

#### Trauma

#### Burns

Inhalational thermal injury, ingestion of toxic chemical and caustic agents

#### Neoplasm

Pharyngeal, laryngeal and tracheobronchial carcinoma, vocal cord polyposis

#### Congenital

Vascular rings, laryngeal webs, laryngocele

#### Miscellaneous

Cricoarytenoid arthritis, achalasia of the oesophagus, hysterical stridor, myxoedema