Airway obstruction causes management of incomplete upper airway obstruction.

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**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–Barre 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 Cl 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 polypsis

*Congenital*
- Vascular rings, laryngeal webs, laryngocele

*Miscellaneous*
- Cricoarytenoid arthritis, achalasia of the oesophagus, hysterical stridor, myxoedema