CHRONIC ASPIRATION

What are Chronic Aspiration Syndromes?

Chronic aspiration syndromes refer to the tendency for food, drink, and saliva go into the trachea and lungs ("go down the wrong way")

Why is this a problem?

We all aspirate from time to time. However, most people have a well developed cough reflex which can clear food out of the lungs. If aspiration happens regularly, or your child cannot cough effectively then the lungs will get inflamed, and may eventually become scarred. Children who have very frequent aspiration can develop lung damage. Sometimes children at risk of this will aspirate large amounts and rapidly become seriously ill.

Who is at risk of aspiration?

Children with a range of problems are at risk, such as:

- Those who have gastro-oesophageal reflux (GOR);
- Children with a poor cough (either from muscle weakness, or poor muscle coordination);
- Those who cannot sit up;
- Children with a tracheostomy;
- Children who are fed by mouth but in whom the swallowing mechanisms do not work properly;
- Those with abnormalities of their voice box; and
- Children in whom the oesophagus (gullet) doesn't allow food to pass promptly into the stomach.

How can it be diagnosed?

Aspiration can be very difficult to diagnose. Sometimes there is a very clear history of coughing after feeding. In children with a tracheostomy, food or drink can be found in secretions obtained from the tracheostomy. Inspection and sampling of the lower airways (by bronchoscopy under anaesthetic) can give evidence of aspiration. The presence of an underlying condition which makes it more likely also contributes to making the diagnosis.

How is it treated?

If a child has GOR, then this is treated in the first instance.

If there is a reason to suspect that the swallowing mechanisms don't close off the trachea (windpipe), or the cough is poor, then methods to by-pass the back of the throat may be considered. These include tube feeding by a nasogastric tube, or a gastrostomy. In both cases liquid food is given through the tube, and goes directly into the stomach. A gastrostomy needs to be put in by a small operation. Other types of surgery *may* be considered necessary at the same time. Your child's specialist can discuss them with you.

This information sheet is produced to answer some of the questions parents ask about chronic aspiration syndromes. It is not intended to replace discussion with your child's Respiratory Specialist and you are encouraged to discuss your child's condition with the specialists when you attend clinic.

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