Introduction
Supraglottic stenosis is a condition that is rarely discussed in medical literature as compared to glottic and subglottic stenosis. Its management especially in children is controversial. We present a case of supraglottic stenosis from accidental caustic ingestion of a corrosive alkali. The patient underwent transoral carbon dioxide laser surgery with no immediate and long term complications. The patient was successfully decannulated one month post operation with good voice outcome. This case presents transoral carbon dioxide laser surgery as an option for pediatric patients who develop laryngeal stenosis from caustic ingestion.

The Case
At 2 years of age, a patient presented with vomiting and dyspnea after accidental ingestion of sodium hydroxide. He underwent immediate exploratory laparotomy, gastrostomy feeding tube insertion, and emergency tracheostomy under the Pediatric Surgery service. 11 years later, he presented at the out patient clinic due to unsuccessful trial of decannulation. On flexible nasopharyngolaryngoscopy, a supraglottic web was almost completely obstructing the area with only a 1 millimeter opening at the central area of the stenosis. Excision of supraglottic web using transoral carbon dioxide laser exposed the false and true vocal cords, and bilateral arytenoids inferiorly. The fused aryepiglottic folds were released from the lateral epiglottis. After excision, the true and false vocal cords, and arytenoids were noted to be unremarkable with no masses, erythema, lesions, or strictures. Subglottis was visualized and was free of strictures and adhesions. Mitomycin C was applied over the surgical site to prevent fibrosis. Post operatively, patient did not develop any complications. He was successfully decannulated two months post operative with good voice outcome.

Discussion
The use of carbon dioxide laser has been shown in a case report by Chen et al to have no short and long term complications after the procedure in the pediatric population. The advantages of using carbon dioxide laser versus cold surgery includes less risk of postoperative bleeding, better intra operative hemostasis, and less damage to surrounding normal tissue. The use of carbon dioxide laser in the excision of the supraglottic web of the patient allowed successful decannulation and voice production for the patient. This case emphasizes the importance of monthly follow up after caustic ingestion among patients in order to facilitate early intervention.

Conclusion
Laser surgery and its role in pediatric cases are limited. The long term outcome of this surgery had no complications and led to successful decannulation of our patient with good voice outcome. This case presents transoral carbon dioxide laser surgery as a viable option for managing supraglottic stenosis in the pediatric population.

References
5. Reyes, N. K. S. (n.d.). Hypopharyngeal, Supraglottic and Subglottic Stenosis after 1