PEDIATRIC FEEDING DIFFICULTIES: A SERIAL CASE REPORT

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Background

• Swallowing is a complex sensorimotor process involving the mouth, tongue, pharynx, larynx, and esophagus.
• Interference of this process results in feeding difficulties.
• Disorders of feeding difficulties occur when children are unable or find it difficult to eat or drink the quantities required to maintain an optimal nutritional status.
• Feeding difficulties should be taken seriously because of the impact on child development, which could reduce their quality of life.

Materials and Methods

We reported three cases of pediatric feeding difficulties influenced by various factors such as patient’s condition, the delayed introduction of age-appropriate food consistencies by parents, and the environment. The diagnosis were confirmed by history taking and Fiberoptic Endoscopic Evaluation of Swallowing.

Results

Pediatric patients at the Bronchoesophagology Clinic of the Otorhinolaryngology-Head and Neck Surgery Department at Cipto Mangunkusumo Hospital, Jakarta, Indonesia

• A 2-years-old boy
• Diagnosis: Craniostenosis, Apert syndrome, syndactyly, and delayed motor development.
• Had feeding difficulty in the oral phase but no abnormalities of the pharyngeal phase.
• There was no swallowing leakage and no residu, no hyposensitivity of the hypopharynx in 3 food consistencies (puree, rice cereal, and liquids) was observed.

• A 9-years-old girl
• Diagnosis: epilepsy, postural control disturbance, and global delayed development.
• Had feeding difficulty in the oral phase without any abnormalities of the pharyngeal phase.
• A swallowing assessment of 3 food consistencies (puree, rice cereal, and liquids) did not identify any preswallowing or swallowing abnormalities.

• A 11-months-old baby boy
• History of prematurity and laryngomalacia type 1.
• A swallowing examination of 2 food consistencies (puree and liquids) showed tongue propulsion, omega-shaped epiglottis, and no preswallowing leakage.
• There was no abnormality in swallowing reflexes and no penetration or aspiration.
• The patient was diagnosed with oral phase feeding difficulty.

All cases are managed by increasing parents awareness about eating habit, food modification based on their age to attract the appetite. Oromotor exercises was performed when medical issues are identified and controlled or stabilized, and issues of postural alignment and support have been addressed.

Conclusion

Evaluation of swallowing function should be carried out which plays a role in diagnosing the case. Combination of eating habit, oromotor exercise, and food modification to improve nutritional status are the main goals of treatment.

REFERENCES