**Labioglossopexy for upper airway obstruction in patient with Pierre Robin Sequence**

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**Introduction**

- Pierre Robin sequence (PRS) is a congenital malformation in which micrognathia causes retroposition of the tongue.
- Infants with PRS may present with airway obstruction and feeding difficulties.
- If breathing or feeding difficulties are present, these usually spontaneously disappear within the first year of life.
- In case of severe problems, which can potentially lead to severe complications, a surgical procedure is necessary.

**Methods**

- The case report of premature twins is presented. The babies were born at 27 week by Caesarean operation. Both of them had micrognatia and were diagnosed with PRS. Moreover, one of them had cleft of the soft palate therefore had been feeding by nasogastric tube. While adaptation of the child without cleft of the soft palate one child was good, the other suffered from repeated episodes of desaturation and aspiration.
- Flexible endoscopy was used to examine the children upper airway and retroposition of the base of the tongue was found.
- Labioglossopexy (tongue-lip adhesion) was performed (Pictures). The operation was without complication.
- 11 days after surgery, dehiscence of the adhesion with repeated episodes of desaturation occurred, so that reoperation was done. Postoperative course was without complication this time, dehiscence didn’t occur. The baby had no more episodes of desaturation and was dismissed finally. Surgery of the cleft of the soft palate is planned.

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**Conclusions**

- Tongue-lip adhesion in patient with PRS should be balanced against the other operations, namely, tracheostomy and mandibular distraction.
- This procedure is less invasive, simplifies nursing care, shortens hospital stay and makes homecare less demanding.