An unusual case of wheeze

U Kariholu, J Rawal, G Subramanian, I M Balfour-Lynn and G Sandhu

Arch. Dis. Child. 2009;94;310
doi:10.1136/adc.2008.149054

Updated information and services can be found at:
http://adc.bmj.com/cgi/content/full/94/4/310

These include:

Rapid responses
You can respond to this article at:
http://adc.bmj.com/cgi/eletter-submit/94/4/310

Email alerting service
Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

Topic collections
Articles on similar topics can be found in the following collections

- Surgery (262 articles)
- Immunology (including allergy) (14031 articles)
- Childhood nutrition (1648 articles)
- Pregnancy (4139 articles)
- Child health (9003 articles)
- Asthma (2423 articles)
- Surgical diagnostic tests (2053 articles)

Notes

To order reprints of this article go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to Archives of Disease in Childhood go to:
http://journals.bmj.com/subscriptions/
An unusual case of wheeze

We report the case of a 12-year-old girl who was managed as an asthma patient since infancy but was later found to have a tracheal web.

CASE REPORT

Born at 31 weeks by caesarean section for maternal prolonged rupture of membranes and oligohydramnios, the patient was ventilated for 6 days. She had an inspiratory stridor thought to be due to laryngomalacia and was discharged at 15 days of age. She had numerous wheezy episodes between the age of 7 months and 11 years needing more than 10 A&E visits and four admissions. Each episode was managed as asthma. She had persistent wheeze day and night worsened by extreme damp/cold/hot weather, perfumes, smoke and exercise. On examination she had persistent inspiratory and expiratory wheeze. After referral to a respiratory paediatrician, flexible bronchoscopy was performed due to the inspiratory stridor and the flow volume loop that suggested extra-thoracic obstruction. This revealed a tracheal web. The web was lasered via rigid bronchoscopy by an ENT surgeon. Asthma therapy was gradually weaned off.

DISCUSSION

Tracheal webs are very rare (incidence 1:10 000 births) and can mimic asthma. They consist of a thin layer of tissue draped across the tracheal lumen. They may be asymptomatic or more commonly present with biphasic stridor, wheeze, cough and dyspnoea. Diagnosis is confirmed by bronchoscopy. Treatment consists of disrupting the web using laser or other surgical techniques. This case highlights the need for specialist investigations when asthma is not responding to conventional treatment or when clinical signs suggest an alternative diagnosis.

U Kariholu,1 J Rawal,1 G Subramanian,1 I M Balfour-Lynn,2 G Sandhu3

1 Queen’s Hospital, Romford, Essex, UK; 2 Royal Brompton Hospital, London, UK; 3 Chelsea and Westminster Hospital, London, UK

Correspondence to: Dr Ujwal Kariholu, Queen’s Hospital, Romford RM7 0AG, UK; ujwalkariholu@hotmail.com

REFERENCES