



An unusual case of wheeze

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

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Short report

paediatric care; nonetheless, sleep problems were overlooked, which is perhaps indicative of the poor professional awareness of the management of sleep problems. Questions about settling, night waking, early morning waking and daytime sleepiness should be part of the routine paediatric assessment of children with Down syndrome, alongside assessment of SDB. Importantly, behavioural sleep problems in children with learning difficulties can be treated.⁸ Paediatric community services should develop approaches to address the evident needs of families of children with Down syndrome.

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Competing interests: None.

Ethics approval: The study protocol was approved by the Isle of Wight Portsmouth and South East Hampshire research ethics committee.

Patient consent: Parental consent obtained.

Images in paediatrics

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 rare¹ (incidence 1:10 000 births^{1 2}) and can mimic asthma.^{1 2} They consist of a thin layer of tissue draped across the tracheal lumen.³ They may be asymptomatic or more commonly present with biphasic stridor, wheeze, cough and dyspnoea.^{2 3} Diagnosis is confirmed by bronchoscopy.^{1 3} Treatment consists of disrupting the web using laser or other surgical techniques.³ 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

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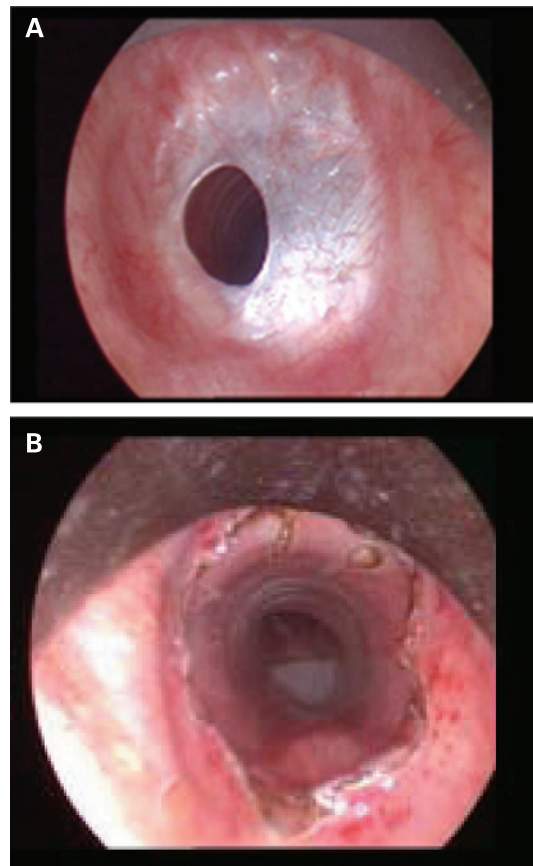


Figure 1 (A) Bronchoscopy image showing a tracheal web. (B) Trachea after laser treatment.

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