



Tracheomalacia in children

About

It is worrying for any parent when their child is diagnosed with tracheomalacia. This e-leaflet contains information about this condition. It tells you what the condition is, how it is diagnosed and how it is treated. For more information, please talk to your child's paediatric ENT surgeon.

What is tracheomalacia?

The word 'tracheomalacia' means 'weak or soft windpipe'. The windpipe is normally held open by cartilage (gristle) – see Figure 1a. Some children are born with softer cartilage supporting the windpipe. This means part or all of the windpipe can collapse (Figure 1b).

The soft part of the windpipe collapses most easily when breathing out or coughing.

If the main air passages of the lungs are affected, this is called tracheo-bronchomalacia.

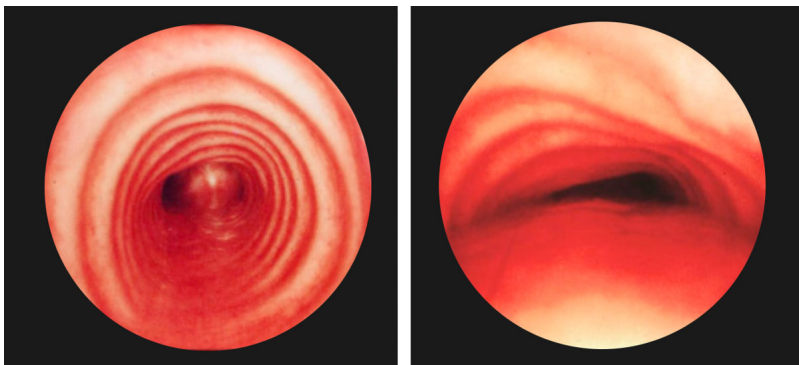


Figure 1(a) Normal view inside windpipe

Figure 1(b) Partly collapsed windpipe

What causes the condition?

The condition is mostly seen in children born with a very narrow food pipe, or with part of their food pipe missing. This is called oesophageal atresia. It is also seen in children born with an opening between the windpipe and food pipe. This is called a tracheo-oesophageal fistula.

Weak parts of the airway are more common in children who have both these conditions together. Out of 100 children born with a narrow or partly missing food pipe, between 11 and 33 have severe tracheomalacia.

What are the symptoms?

Often, infants with tracheomalacia show no symptoms until they are 2 or 3 months old.

If part or all of the windpipe closes, natural fluid called mucus can get trapped in the lungs.

There can be different symptoms. These can include:

- a cough lasting more than 3 months
- a harsh vibrating noise when breathing
- a barking cough
- long-lasting chest infections
- getting pneumonia or bronchitis lots of times
- difficulty exercising
- difficulty breathing
- breathing stops for a few seconds.

How is the condition diagnosed in children?


These symptoms might not mean your child has tracheomalacia. The best way to find out is to look at their windpipe with an endoscope. This happens in the operating room while your child is asleep under a general anaesthetic.

How is the condition treated in children?

Most children outgrow the symptoms. As they get bigger, the cartilage in their windpipe gets harder. Mild symptoms are usually treated with medicine. Children with very severe symptoms may need an operation. Ask your paediatric ENT surgeon for more information.



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