

## Images in Medicine

### Tracheomalacia with tracheal bronchus

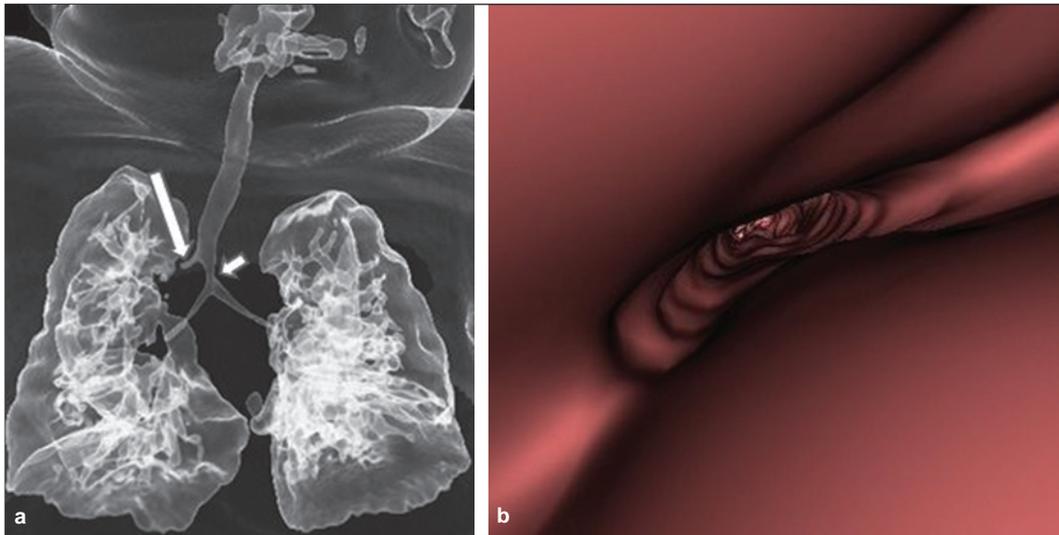


FIG 1. (a) Coronal 3D volume-rendered CT image showing distal tracheal luminal narrowing (short arrow) and a right upper lobe bronchus arising from the supracarinal trachea (long arrow); (b) virtual bronchoscopy image showing the partially collapsed tracheal lumen suggestive of tracheomalacia

A 3-month-old baby boy presented with stridor since birth. He had been admitted to hospital for pneumonia at the age of 1 month. Laryngoscopy was normal. Coronal 3D volume-rendered CT image showed distal tracheal luminal narrowing and a right upper lobe bronchus arising from the supracarinal trachea (Fig. 1a). Virtual bronchoscopy showed the partially collapsed tracheal lumen (Fig. 1b).

A diagnosis of tracheomalacia with tracheal bronchus was made and the child was given adrenaline nebulization and discharged with advise to follow-up. However, he has not reported back to hospital.

Tracheomalacia is weakening and increased collapsibility of airway cartilages causing stridor, cough, impaired clearance of secretion and recurrent respiratory infections. Spontaneous resolution may occur within first 2 years of life. Tracheostomy, stenting or surgery is required in severe and non-resolving cases.

Tracheal bronchus predisposes to recurrent pneumonia and fibro-bronchiectasis. Surgical resection is recommended when symptomatic.

*Conflicts of interest.* None declared

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