TRACHEOBRONCHOMALACIA

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DEFINITION

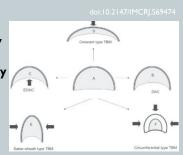
- Tracheobronchomalacia (TBM) arises from weakness of the airway walls and/or supporting cartilage
- Can effect isolated segment, less common = bronchi alone
- · Severe TBM can progress to diffuse form

CLASSIFICATION Q

ECAC = expiratory central airway collapse. 2 entities:

I. EDAC (excessive dynamic airway collapse) = invagination of posterior membrane

2. TBM = weakness of anterior cartilage ± invagination of posterior membrane



INCIDENCE & AETIOLOGY

- Incidence = unknown, ↑ awareness
- Aetiology = unknown
- Usually in those with asthma, bronchitis & emphysema
- · Mostly acquired, some congenital
- · Acquired forms include inflammatory & compressive
- GORD, steroids, BMI + , smoking

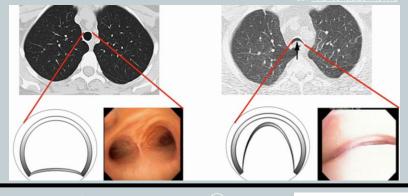
Inflammatory	Compressive
Toxins	Goitre
Relapsing polychondritis	Vascular

SIGNS & SYMPTOMS

Signs	Symptoms
Tachypnea	Barking Cough
Нурохіа	Dyspnoea & Orthopnoea
	Sputum retention

INVESTIGATIONS

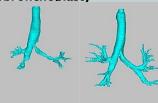
- Diagnosis a challenge as many have concomitant respiratory conditions; asthma or COPD with overlapping symptoms
- Sometimes even misdiagnosed asthma, COPD or other causes of chronic cough
- Mainstay of diagnosis is dynamic bronchoscopy, inspiration/expiration phase CT, less so PFTs



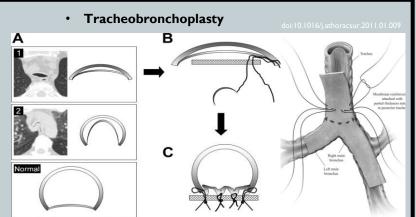
MANAGEMENT

- · Individualised approach
 - Optimise co-morbidities
 - Type and extent of TBM
- Medical management
 - Bronchodilators
 - Securities decree
 - Secretion clearance
 - · CPAP
- Surgical management
 - · If not sure, trial of stent
 - Tracheobronchoplasty









Stabilisation of the membranous wall of the interthoracic oesophagus, mainstem bronchi and bronchus intermedius using polyproline mesh

Beth Israel Deaconess Medical Centre Institutional Protocol for evaluation of patients with severe TBM doi: 10.21037/fid.2017.01

