

Case Report Abstract-

Title: Tracheomalacia in the Adult Population: A Case Report

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Introduction: Tracheomalacia (TM) is a common finding within the pediatric population due to developing, weak cartilage and shorter trachea. However, such a presentation is rare in the adult population who have fully developed cartilages. Tracheomalacia in the adult population is typically due to an acquired injury or chronic lung disease. Intubation injuries, chronic compression due to goiter or recurrent infections are some of the common causes of TM in the adult population. In this article we present a case of TM in the adult population with no direct identifiable cause.

Case Presentation: A 67-year-old man presented to the outpatient clinic with a main complaint of dyspnea. Patient stated that the onset of the dyspnea has been gradual with no other symptoms. After ruling out cardiac and pulmonary causes, patient consulted ENT. On physical examination patient presented with expiratory stridor and an in-office laryngoscopy was performed. The scope visualized no masses or tumors but revealed a flaccidity of the cartilaginous structures within the trachea. Patient underwent a CT trachea scan which showed transverse tracheal narrowing at the level T₃ and tracheal stenosis. He was referred for diagnostic endoscopy of larynx and bronchoscopy.

Discussion: Tracheomalacia could be a unique and often missed cause of dyspnea in older adults. In the adult population, TM is most often due to an acquired disease process. Tracheostomy or intubation with endotracheal tubes as the most common cause of secondary TM⁴. Traumatic tracheal injury that causes a loss of cartilage, including external trauma and surgery, may also cause TM. Some research suggests that chronic inflammation and irritants, such as cigarette smoke, are the most important contributors to the development of TM. The weakening of the tracheal wall may be related to the recurrent injury from irritants. Also, irritation that causes excessive coughing or an increased gag reflux, elevating the intrathoracic pressure and leading to increased collapsibility.