

中文題目：局部膜性氣管軟化致呼氣喘鳴—一個案報告

英文題目：Expiratory wheezing related to focal membranous malacia of trachea – a case report

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Introduction

Tracheomalacia (TM) refers to diffuse or segmental tracheal weakness, which can be classified into either cartilaginous malacia or membranous malacia (also known as excessive dynamic airway collapse [EDAC]) according to anatomy. TM could cause central airway obstruction. Here, we presented a case of TM with expiratory wheezing in trachea.

Case Presentation

This 86-year-old woman with a past history of chronic obstructive pulmonary disease, congestive heart failure, intra-abdominal aortic aneurysm, coronary artery disease (1-vessel-disease) post coronary angiography without stenting, hypertension, and hypothyroidism suffered from dyspnea and severe wheezing when she was irritable. Her dyspnea subsided when she calmed down. Interestingly, her expiratory wheezing was heard in trachea, not in bilateral lung fields. She did not have specific signs of infection nor signs of heart failure. Computed tomography of the chest disclosed bulging of posterior membrane with focal esophagus into the airway lumen. Bronchoscopy revealed tracheomalacia with excessive dynamic airway collapse as the cause of her expiratory wheezing in trachea.. The focal bulging posterior membrane of trachea was noted during expiration and disappeared during inspiration.

Discussion

Detailed physical examination for differential diagnosis of wheezing was necessary during clinical practice. Tracheomalacia with excessive dynamic airway collapse should be kept in mind as a possible diagnosis of nonmalignant central airway obstruction. Computed Tomography and bronchoscopy are helpful for diagnosis.