

---

# When Your Child Has Tracheomalacia

Your child has tracheomalacia. This condition causes your child to have noisy breathing. It can also sometimes cause breathing problems. But it often goes away over time.

## How to say it

TRAY-kee-OH-mah-LAY-shee-ah

## What is tracheomalacia?

Tracheomalacia is when your child has a floppy airway (trachea). The tissue around your child's airway is weak. It can't hold the airway open when your child breathes out.

## Causes

Children with tracheomalacia are often born with it. It may be the result of a birth defect or a delay in development. In some cases, the condition can be caused by infection, inflammation, or trauma to the area around the trachea.

## Symptoms

Symptoms can range from mild to severe. Your child may have:

- Stridor, a high-pitched sound made during breathing
- "Barking" cough
- Hoarseness or loss of voice
- Shortness of breath when doing activities like exercising or eating
- Mucus buildup in the airway
- Reoccurring infections like colds
- Blue lips and skin
- Trouble breathing

Your child's symptoms may be worse when they are lying on their back. Colds and other infections can also make symptoms worse when mucus builds up in the airway.

## Diagnosis

Your child's healthcare provider will ask about your child's symptoms and health history. They will also examine your child. Your child may need to see a provider who specializes in problems of the ears, nose, and throat (otolaryngologist).

Your child may also need some tests, such as:

- **Bronchoscopy.** During this test, the provider puts a thin, flexible scope down your child's throat. It lets the provider see any problems with your child's airway as they breathe in and out. Your child's throat will be numbed beforehand to prevent choking. Younger children and infants may be sedated and put on a breathing machine for the test. Older children may be able to stay awake. They will be asked to hold their breath for short periods of time.
- **CT or MRI scan.** These imaging tests may be used to look more closely at the airway for any problems.

## Treatment

Your child's healthcare provider will closely watch your child. In most cases, tracheomalacia goes away without treatment by 12 to 24 months. As your child grows and develops, the airway will likely become stronger and no longer collapse during breathing.

To help manage your child's symptoms or if symptoms get worse, your child may have:

- **Physical therapy of the chest.** This treatment can help clear mucus from the airway. It may help prevent infections and shortness of breath.
- **Medicines.** Your child's provider may prescribe an inhaler or nebulizer to help keep your child's airway clear and open. Antibiotics may also be an option to treat an associated infection.
- **Continuous positive airway pressure (CPAP).** This treatment uses a machine to push air into the lungs. It may be used in more severe cases.
- **Surgery.** For children who have severe symptoms that don't go away, surgery may be needed. Surgery may be used to fix an airway flap. Or a stent may be put in. A stent is a hollow tube that acts as scaffolding to hold the trachea open. In rare cases, a child may need a tracheostomy. During this procedure, a hole is made in the neck for the child to breathe through.

## Preventing complications

You may be able to prevent complications of tracheomalacia that are caused by infections or inflammation with these steps:

- Make sure your child is up-to-date on recommended vaccines.
- Keep your child away from secondhand smoke.

## When to call your child's healthcare provider

Call your child's healthcare provider if your child:

- Has symptoms that get worse
- Has trouble eating
- Isn't gaining weight

## Call

---

Call or go to the nearest emergency department right away if your child:

- Has trouble breathing
- Turns blue in the face