Obstructive fibrinous tracheal pseudomembrane -a rare cause of post extubation stridor

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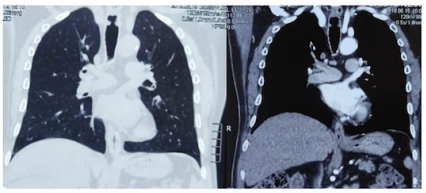
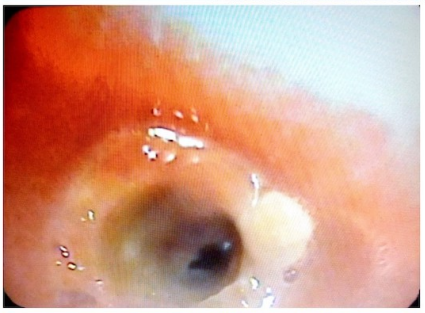
Background:

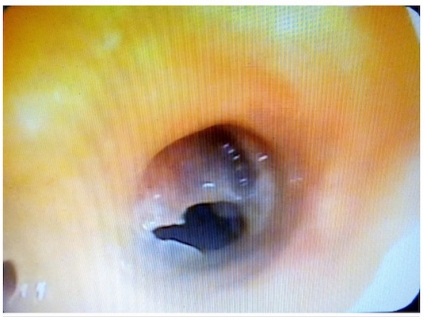
Post-extubation stridor is defined as presence of an inspiratory noise following extubation. It is a consequence of narrowing of the airway, resulting in an increased effort of breathing.

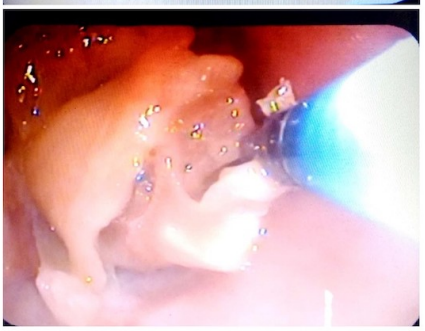
Case Report:

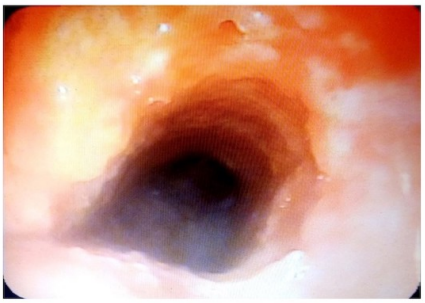
A 61 year old male admitted with high grade fever, dry cough, dyspnea on exertion and stridor for 2 days. He was admitted in a hospital 20 days back for acute coronary syndrome. After CAG and PTCA, patient developed acute pulmonary edema and was intubated and mechanically ventilated for 5 days. On examination patient was tachypneic ,pulse rate - 106/min, Resp rate - 30/min, BP - 164/90 mmHg, SP2 - 90% with audible stridor . On auscultation there was bilaterally decreased vescicular breath sound. Provisionally diagnosed as a case of Post intubation tracheal stenosis. Routine tests revealed anemia, leucocytosis, neutrophilia ,hyperglcemia. Chest Xray was normal .CT thorax showed short segment irregular tracheal wall thickening(5-6 mm) with moderate luminal stenosis. Bronchoscopy revealed subglottic and tracheal membranous tenacious mucus encircling the lumen which was dislodged and removed by bronchoscope and biopsy forceps. Tracheal wall was hyperemic and edematous. Finally diagnosed as **Obstructive Fibrinous Tracheal Pseudomembrane(OFTP) with Tracheitis**.











Conclusion:

OFTP is an uncommon complication of endotracheal intubation. Symptoms are nonspecific and can mimic as laryngeal spasm, laryngeal edema , vocal cord palsy, vocal cord dysfunction, heart failure, and retention of tracheobronchial secretions. Delay in making diagnosis may result in respiratory failure that requires re-intubation and occasionally lead to death. Treatment involves confirmation by flexible bronchoscopy and removal of the membrane using either rigid or flexible bronchoscopy.

Refernces:

- Inderpaul Singh Sehgal et al. Obstructive Fibrinous Tracheal Pseudomembrane After Endotracheal Intubation. Respir Care 2016;61(9):1260 –1266.
- Arch Otolaryngol Head Neck Surg 1987;113:204-205

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