Tracheobronchial calcifications in a child

Houda Rahmoun, Chafiq Mahraoui

Corresponding author: Houda Rahmoun, Department of Pediatrics I, Children’s Hospital of Rabat, Rabat, Morocco. rh.houda2@gmail.com

Received: 05 Aug 2020 - Accepted: 07 Aug 2020 - Published: 24 Aug 2020

Keywords: Tracheobronchial calcifications, Keutel syndrome, child

Copyright: Houda Rahmoun et al. Pan African Medical Journal (ISSN: 1937-8688). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Houda Rahmoun et al. Tracheobronchial calcifications in a child. Pan African Medical Journal. 2020;36(331). 10.11604/pamj.2020.36.331.25384

Available online at: https://www.panafrican-med-journal.com//content/article/36/331/full

Tracheobronchial calcifications in a child

Houda Rahmoun¹,* and Chafiq Mahraoui¹

¹Department of Pediatrics I, Children’s Hospital of Rabat, Rabat, Morocco

*Corresponding author
Houda Rahmoun, Department of Pediatrics I, Children’s Hospital of Rabat, Rabat, Morocco

Image in medicine

Three months old child was admitted in the department of pediatrics I for respiratory distress, fever, and laryngeal stridor. He was born to consanguineous parents. The prenatal history was unremarkable. However, he was hospitalized at birth for respiratory distress which improved quickly with oxygen nasal cannula. Since one month old, he was presenting a laryngeal stridor, persistent cough, and chest congestion. Clinical examination found a dyspnea, stridor occurring in both phases of respiration, signs of retractions, a dysmorphic face with mid-facial hypoplasia and brachytelephalangia. The chest x-ray showed calcifications involving the entire tracheobronchial tree. A chest computed tomography revealed
bilateral and symmetrical calcifications involving the anterior cartilaginous part of the trachea and the stem bronchi. The transthoracic ultrasound was normal. Routine physicochemical examinations found a low prothrombin time with decrease in the levels of vitamin-K dependent coagulation factors. The clinical course was favorable with oxygen nasal cannula and respiratory physiotherapy. The diagnosis of Keutel syndrome was made on calcifications of the tracheal cartilage associated to brachytelephalengia, and also facial dysmorphism.

Figure 1: tracheobronchial calcifications