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Lateral neck X-ray provides a diagnostic clue in a child presenting with dyspnoea and stridor

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A 6-year-old boy presented with acute breathlessness and a 3-month history of cough and hoarseness. He was tachypnoeic with inspiratory stridor and muffled voice. Auscultation revealed decreased breath sounds bilaterally. He was treated with intravenous dexamethasone and nebulised adrenaline with partial improvement. A lateral neck X-ray (Figure 1) showed a radio-opaque opacity in the subglottic region. Microlaryngobronchoscopy showed almost complete airway obstruction by a subglottic intraluminal mass (Figure 2). The lesion was excised. Histology and immunohistochemical analysis showed features consistent with the diagnosis of inflammatory myofibroblastic tumour.

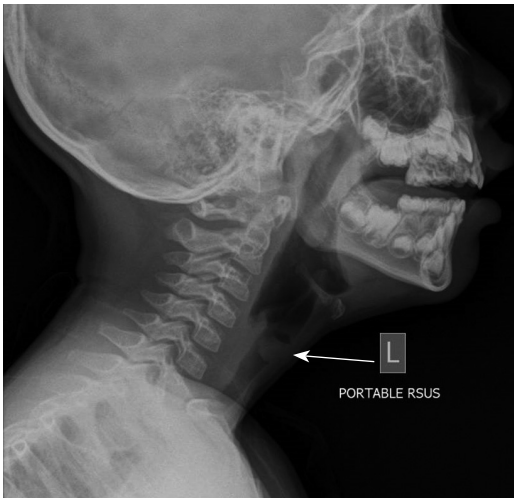

Figure 1. Lateral neck X-ray showing a subglottic radio-opaque opacity.

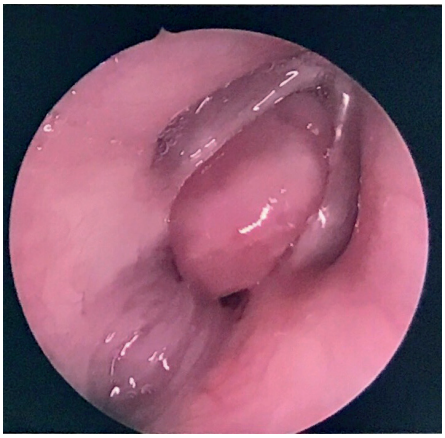

Figure 2. Endoscopic view of glottis with subglottic pedunculated fleshy mass causing almost complete airway obstruction.

Inflammatory myofibroblastic tumour is a rare, usually benign tumour formed by myofibroblastic proliferation with inflammatory cell infiltrate, which may occur in any part of the body (Coffin et al, 1995; Tay and Balakrishnan, 2016). Common symptoms of airway inflammatory myofibroblastic tumour include cough, hoarseness, dyspnoea and stridor. Diagnosis usually requires imaging and/or endoscopy. This case illustrates the importance of a lateral neck X-ray in children presenting with symptoms suggestive of airway obstruction.

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