A 16 month female presented to the emergency department after becoming unresponsive while eating. She had previously been given a diagnosis of laryngomalacia by her pediatrician and had a history of multiple choking episodes. Bronchoscopy performed by ENT did not show laryngomalacia or a foreign body aspiration, but demonstrated tracheal compression from a pulsating mass just proximal to the carina. A CTA revealed a significant tracheal narrowing secondary to a double aortic arch in a complete vascular ring configuration. Cardiac catheterization was done to further delineate the anatomy prior to surgical repair. Mask ventilation with spontaneous ventilation was easily accomplished, and the patient was intubated uneventfully. Cardiac catheterization demonstrated a double aortic arch with significant hypoplasia and distal arch obstruction of the left sided arch. The right sided arch was normal in size. Tracheobronchography revealed significant tracheomalacia reactive to both inspiration and expiration at the level of the left transverse arch. The patient was subsequently transported to the operating room for definitive surgical repair.

REFERENCES