Tracheal agenesis: Salvaging the unsalvageable

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When Floyd and colleagues described tracheal agenesis in their seminal 1962 report, there were only 12 other such cases reported in the literature. From their review of that clinical experience, the Floyd classification scheme for tracheal agenesis evolved. At the time, none of the reported patients had survived, including the subject of their report. The patients were either stillborn or died shortly after birth. Floyd type II tracheal agenesis accounts for 50% to 60% of all cases of tracheal agenesis. In this subtype, the bronchi and bifurcation are normal, with complete atresia of the proximal airway. This type of tracheal agenesis and its surgical management is the subject of the case report in this issue of the Journal by Densmore and colleagues. Salvage treatment of critically ill neonates with tracheal agenesis requires innovative surgical strategies, dedicated resources, and the coordinated effort of multiple medical specialists. Their report speaks to the coordinated effort required of multiple medical specialists, and the resources required at a tertiary care facility, to achieve a truly remarkable outcome for the patient and family.

References