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Forgotten foreign body Right bronchus - A case report

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Abstract :
2 year old male child treated for recurrent upper respiratory tract infection and pneumonia for 15 days turned out to be a forign body right main stem bronchus. Fibere optic bronchoscopy removal failed, thoracotomy removal done. Case presented for its uniqueness
Keyword :foreign body, bronchoscopic removal, thoracotomy removal

Case history

A 2 year old Male child was admitted to our paediatric unit with complaints of Fever – 15 days duration, on & off Cough – 15 days, with no history of wheeze or stridor. Child's parents were not aware of any foreign Body Ingestion or Inhalation. No complaints of Hoarseness of voice or dysphagia.

Child treated outside for recurrent lower respiratory tract infection for the past 15 days. Child diagnosed as having Pnuemonia and reffered to our centre.

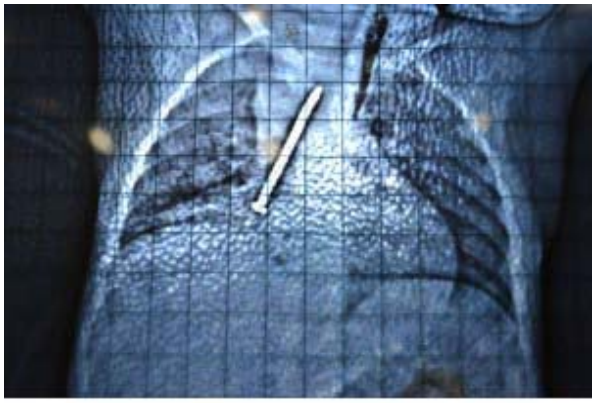
Examination Child comfortable at rest No tachypoena / tachycardia
Auscultation revealed air entry reduced Right Basal region Basic investigations were within normal limits
Routine X-ray chest showed foreign body in the right main bronchus (Iron Nail). The same confirmed with CT Chest

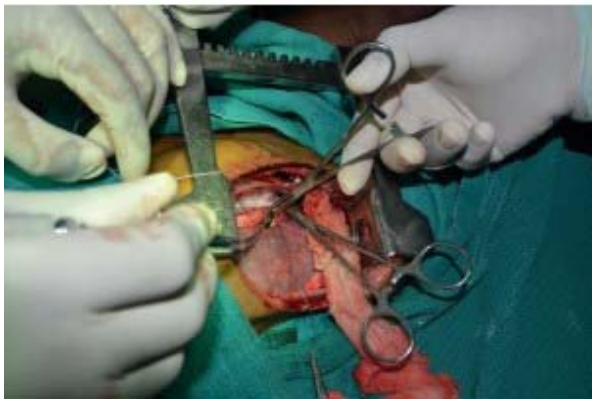
Progress

Child referred to E.N.T surgeons for Bronchoscopic removal Rigid Bronchoscopic removal attempted twice Foreign body found Impacted with the head of the Nail – impacting the Right lower Lobe bronchus.
Patient desaturated during the second attempt due to secretions in the left lung Several attempts of bronchoscopic removal failed. Patient was referred to us Emergency Postero – lateral throcotomy done Right lower lobe found collapsed and filled with pus Right bronchus mobilized, encircled,Bronchotomy done and foreign body retrieved. Pus obstructing Right lower lobe suctioned. Bronchus closed with 2-0 vicryl. Child extubated on table Post operative period uneventful

Child discharged on 10th Postoperative day

History from Parents revealed Child was playing in a construction site one month back





Discussion:

Foreign body aspiration is a serious and potentially fatal occurrence. The longer a foreign body has been lodged within the tracheobronchial tree, the greater the morbidity. An early diagnosis remains a key to successful and uncomplicated management of these accidents

EPIDEMIOLOGY AND ETIOLOGY Older infants and toddlers constitute the vast majority of patients with foreign body aspiration children younger than 5 years account for approximately 84% of cases and children younger than 3 years account for 73%. The high incidence in this age group reflects the tendency of children to explore the world using their mouths. In addition, these children have not developed a full posterior dentition and may have immature neuromuscular mechanisms for swallowing and airway protection. Moreover, many youngsters are allowed to talk, run, or play with food or other objects in their mouths. For uncertain reasons, boys aspirate foreign bodies more frequently than girls by a ratio of approximately 2:1. In adults, other factors play a role in foreign body aspiration, such as neurologic dysfunction, dental trauma, and aspiration of larger than normal pieces of food, usually associated with alcohol consumptionHISTORY Three stages of symptoms result from the aspiration of an object into the airway Initial event.- Violent paroxysms of coughing, choking, and gagging, and possibly .

airway obstruction, occur immediately after a foreign body is aspirated. Asymptomatic interval-During the second stage, the foreign body becomes lodged, reflexes fatigue, and the immediate irritating symptoms subside
Complications-In the third stage, obstruction, erosion, or infection develop and again direct attention to the presence of a foreign body
The current medical practice of treating an asthmatic or with croupy cough child with antibiotics or corticosteroids may obscure signs and symptoms that normally would be expected with a retained foreign object. Choking or coughing episodes accompanied by wheezing are highly suggestive of foreign body aspiration. The literature reveals that diagnosis is delayed more than 24 hours in 50% of cases,and more than 1 week in 15% of cases. Disregarding a child's story because of age or lack of symptoms may cause a delay in diagnosis, which may make removal more difficult and complicated.

PHYSICAL EXAMINATION Laryngeal Foreign Bodies
Foreign bodies that become lodged between the vocal cords usually cause complete obstruction and asphyxiation unless promptly expelled. Tracheal Foreign Bodies Jackson and Jackson (1936) described three features of tracheal foreign bodies. The audible slap and the palpatory thud result from the impact of a mobile foreign body against the tracheal wall on deep inspiration or coughing. The asthmatoid wheeze results from partial bronchial obstruction from the foreign body and the inflammatory reaction. Bronchial Foreign Bodies The classic triad of wheezing, coughing, and decreased air entry to the obstructed side.

TREATMENT:
A bronchial foreign body usually does not constitute an acute emergency unless there is complete obstruction of one main bronchus, causing inadequate oxygenation.
Supraglottic, glottic, and tracheal foreign bodies are more likely to cause acute emergent situations with severe respiratory distress.
The treatment of choice is reasonably prompt endoscopic removal under conditions of maximum safety and minimum trauma.
Only Rarely is thoracotomy removal done.

Conclusion

Our case report was presented for the late presentation of the case and for the rare instance ofthoracotomy removal , for failed bronchoscopic removal. A High index of suspicion is needed todiagnose airway foreign bodies in child presenting with recurrent cough, pnuemonia.

REFERENCES:

1 American Academy of Pediatrics: Choking Prevention and First Aid for Infants and Children:Guidelines for Parents.

2 Elk Grove Village, IL: American Academy of Pediatrics, 1990.Black RE, Johnson DG, Matlak ME: Bronchoscopic removal of foreign bodies in children.

3 J PediatrSurg 29:682, 1994.Boelcskei PL, Wagner M, Lessnau KL: Laser-assisted removal of a foreign body in the bronchialsystem of an infant.

4 Lasers Surg Med 17:375, 1995.Bradwell S: Helps for Sudden Accidents Endangering Life.Esclamado RN, Richardson MA: Laryngotracheal foreign bodies in children. Am J Dis Child 141:259,1987Wiseman NE:

The diagnosis of foreign body aspiration
in childhood. J Pediatr Surg 19:531, 198