FOREIGN BODY LUNG: A CASE REPORT

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Summary

Foreign body aspiration into airways is one of the common serious and life threatening problems in children. It can affect adult or elderly people also. It is an important cause of childhood mortality & morbidity, and it is a common surgical problem in children two to three years of age. Foreign body aspiration claims thousands of lives each year, because they rarely reach in time for intervention. It is the 4th leading cause of death under 5 years of age and 2nd cause of death under 1 year of age. It usually affects normally and as a result of curiosity, children like to put objects in their mouth and this raises the chance of aspiration in young children. It causes choking, although it seems that choking cases due to foreign body aspiration has been decreased, but statistically there has been no significant change in the rate of its prevalence. Different studies have revealed that the mechanical choking and foreign body aspiration in children were 84% under the age of 5 years and 73% under the 3 years. Aspirated materials are various and several studies showed that the most common foreign bodies are herbal material. Most common manifestations of foreign body aspiration are coughing, dyspnea, audible wheeze, stridor, choking, cyanotic spells, respiratory distress or even symptom less. Sometimes there may be no history of foreign body aspiration; high degree of suspicion is needed to diagnose it. In most cases it may be diagnosed in 2-3 days of the event, in a few cases the diagnosis may not be made for several weeks or months. Negative imaging (CXR) studies however do not exclude the presence of foreign body in the airway. Therefore bronchoscopy is the ultimate procedure to exclude foreign body lung. Our case had interesting presentation of mild whistling sound on expiration and phonation after two days of aspiration. There was no respiratory distress as the foreign body was fenestrated.

Key words : Foreign body; collapse consolidation; bronchoscopy

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vegetative foreign body are inert and minimally reacting. As a result these do not produce any immediate sign and symptoms unless obstructing the airway significantly. In contrast vegetative foreign bodies are fast reacting.\textsuperscript{1,2} It was a non vegetative foreign body in our case. X-ray findings may not give clue to many cases especially if radio lucent objects are being aspirated. It is diagnostic in 10-14% cases by CXR.\textsuperscript{17} Features may present as pneumonic consolidation, consolidation with collapse, emphysema\textsuperscript{1,15,17} X-ray may be inconclusive and bronchoscopy is the ultimate procedure to exclude foreign body.\textsuperscript{1,13} It has reduced the death rate from 24% to 2% and even less\textsuperscript{15}. Most of the procedures are carried out with the rigid ventilating bronchoscope and grasping forceps under general anesthesia\textsuperscript{13}. flexible bronchoscope are superior in removing tiny and far reaching objects.\textsuperscript{17} Sometime tracheostomy maybe needed for foreign body removal.\textsuperscript{15}

Conclusion

Many factors have influence on high prevalence of aspiration in children. These factors are attempt of children to recognize their environment through putting objects in their mouth, the incompleteness of posterior teeth and the immaturity of neuromuscular mechanism of swallowing.\textsuperscript{1,4,11} High index of suspicion with thorough history aid in prompt diagnosis, X-ray is inconclusive, diagnostic bronchoscopy is life saving.\textsuperscript{1,5,13,17} In order to prevent the aspiration of foreign bodies, it is recommended not to put nuts or vegetative foods into the mouth of children without prior crustening and not to keep toothpicks, school supplies and similar objects in mouth.

Disclosure

All the authors declared no competing interests.

References


