

Case Report

An Unusual Case of Localised Wheeze and Normal Chest X-Ray

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Received: September 14, 2019; Accepted: October 25, 2019; Published: November 01, 2019

Abstract

Foreign-body aspiration is often a serious medical condition demanding timely recognition and prompt action [1]. However, foreign-body aspiration in adults can be tolerated giving rise to innocuous presentation and remain undetected for a long time.

We here by report a case of a persistent cough caused due to unknown foreign body aspiration, which remained in the bronchus of a man for one year, successfully removed by flexible bronchoscopy.

Keywords: Foreign body; Flexible bronchoscopy

Background

A 38 year old male presented with complaints of persistent cough since last one year. There was no history of hemoptysis, breathlessness, fever, weight loss, atopy etc. He didn't remember aspirating a foreign body. He was a non-smoker but admitted of occasionally indulging in binge drinking with friends. He was treated on and off by multiple medical practitioners with short course of antibiotics and inhaled medications without relief in symptoms. On examination, localised wheeze was heard during auscultation over right infra scapular region. Laboratory investigations were within normal limit. X-ray of chest and neck appeared normal. Localised wheeze is often related to a local phenomenon, usually due to an obstruction caused by a foreign body, mucous plug, or tumour.

Case Details

Flexible Video bronchoscopy under local anesthesia was performed to evaluate the airway. A whitish impacted foreign body measuring 2x1 cms surrounded by granulation tissue was visualised in the bronchus intermedius. Foreign body was obliterating the opening of right middle and lower lobe bronchus. The foreign body was carefully retrieved using a flexible bronchoscope compatible two prong rat teeth forceps. On careful examination the foreign body turned out to be a piece of lamb bone. No intra or immediate post procedural complications were observed and patient was discharged after couple of hours. The patient's clinical condition improved within 5 days after removal of foreign body.

Discussion

Aspiration of foreign bodies into the tracheobronchial tree is common in pediatric age group but rarer in adults [2]. The diagnosis of foreign body aspiration requires a high index of suspicion because the diagnosis is often not obvious especially in absence of positive history. Chest radiograph findings are frequently normal and can often mimic other chronic disease. Adults account for only about 20% of the reported cases [3]. Foreign body aspiration can present with a wide variety of symptoms. Although it is sometimes asymptomatic, adults most often presents with cough, breathlessness, hemoptysis and even respiratory arrest. In adults, removal of the

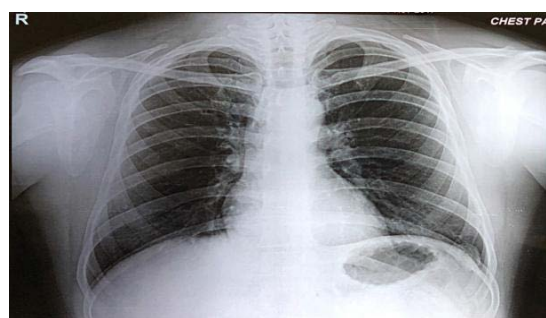


Figure 1: CXR PA View.

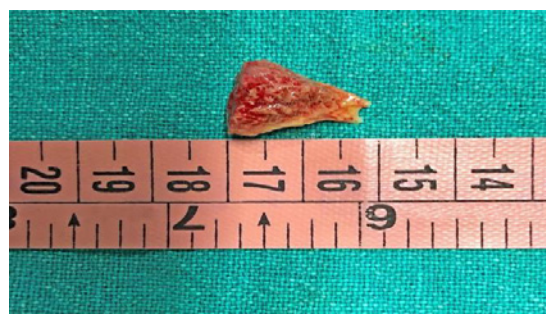


Figure 2: Retrieved Foreign Body.

foreign body can be attempted during diagnostic examination with a flexible bronchoscope under local anesthesia, which may help to avoid any further invasive procedures like rigid bronchoscopy under general anesthesia, which may add more cost, risk, complication and morbidity [4].

Conclusion

Patients with negative imaging but persistent symptoms and localised chest finding on auscultation should be evaluated by flexible bronchoscopy. Rigid bronchoscopy is considered the gold standard for the removal of foreign body from tracheobronchial tree. However, use of flexible video bronchoscope might increase their use in this



Figure 3: Foreign body impacted in bronchus intermedius.

indication due to the non-traumatic, low risk and less costly nature of the procedure [5].

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