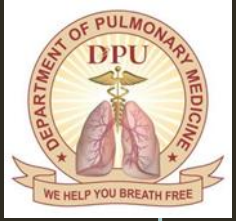




An Unusual Case Of Foreign Body Aspiration.



Dr. SPANDANA CHAUDHURY
Dept. of Respiratory medicine

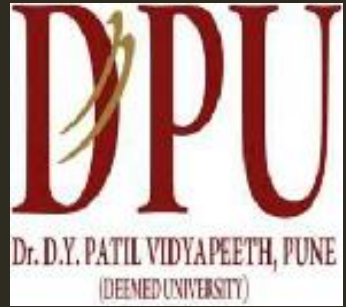
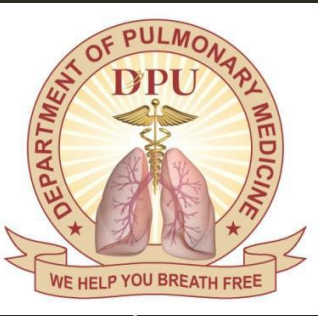


CHIEF COMPLAINTS

84 year old male, tobacco chewer.

- Cough - 3 months, whitish expectoration
- Dyspnea- 3 months, MMRC grade 1, associated with bouts of cough, no wheeze, no PND.

History suggestive of allergic rhinosinusitis. No history of hemoptysis, chest pain, fever or choking.



Admitted in outside hospital with same complaints.



Was given antibiotics, cough suppressants, bronchodilators.



No significant response.

Patient came to Respiratory Medicine OPD with similar complaints for further management.



CLINICAL EXAMINATION

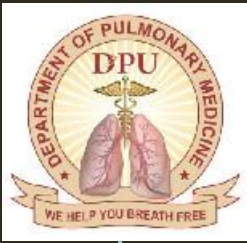
Vitals :-

- **Temp.** : 98.1⁰ F
- **PR** : 95 bpm
- **RR** : 20 breaths/min
- **BP** : 120/80 mm Hg
- **SpO2** : 96% on room air

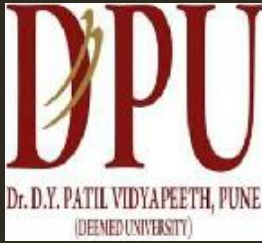
R/S: Reduced breath sounds over
right infrascapular area

Other systemic examination - NAD

General examination – within
normal limits



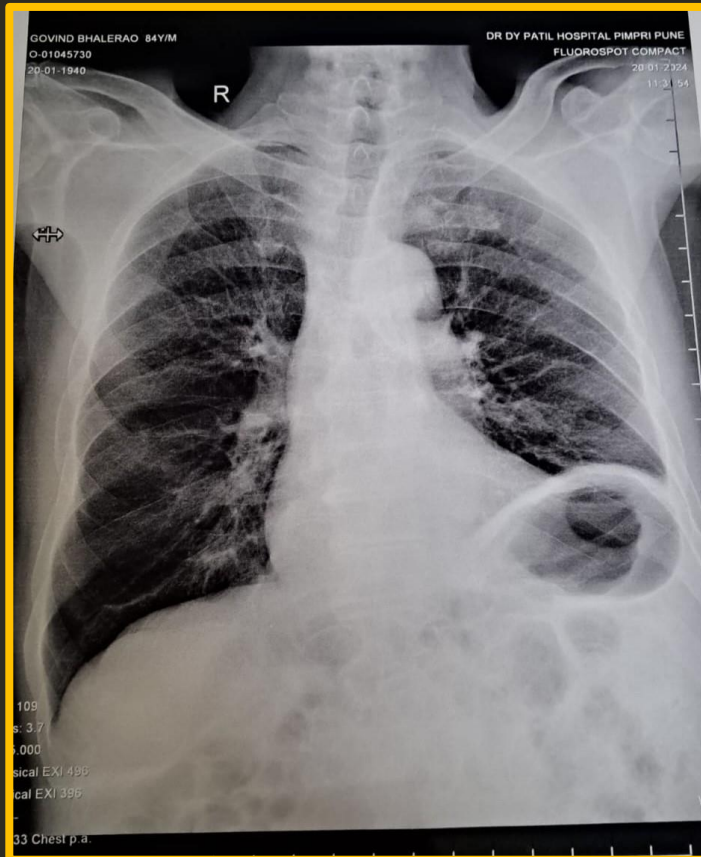
INVESTIGATIONS/ WORKUP



Laboratory investigations (hematological and biochemical) - NAD

Spirometry could not be performed in view of refractory cough

RADIOLOGICAL INVESTIGATIONS



Hyperlucency identified in right lower lobe limited by fissures.
Narrowing of right main bronchus



MANAGEMENT

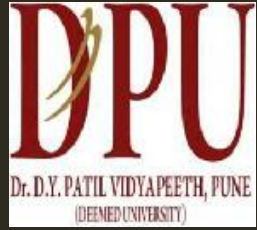
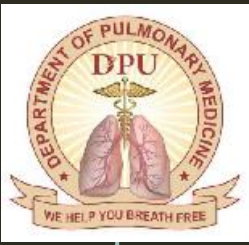
Patient was put on nasal and oral steroids



Nebulisation with ICS-LABA (Foracort 0.5 mg) given



No significant response



No effect with corticosteroids

Upper airway cough Syndrome/PNDs

Non smoker, no history of drug use with normal chest radiograph.

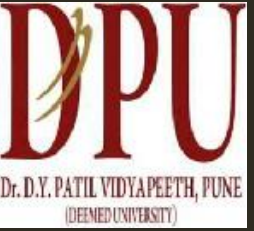
History not suggestive of asthma

Bronchial Asthma

GERD

No heartburn or regurgitation history, sense of lump in throat.

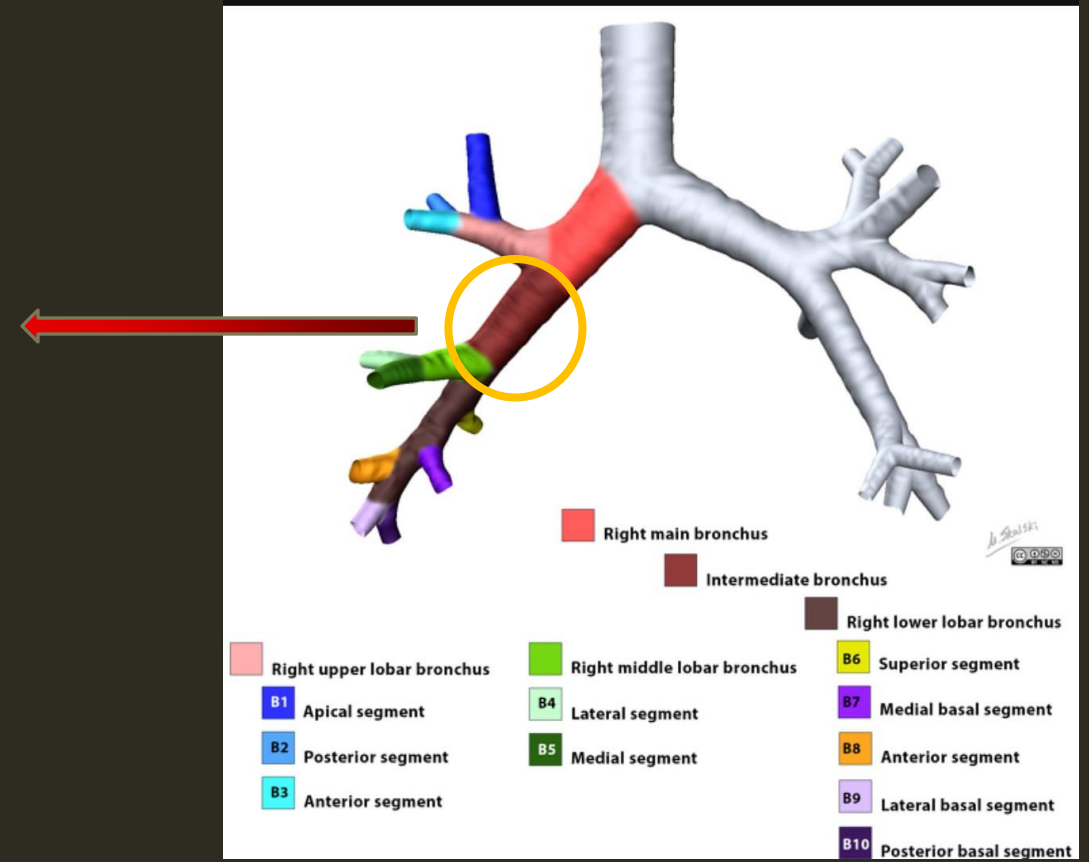
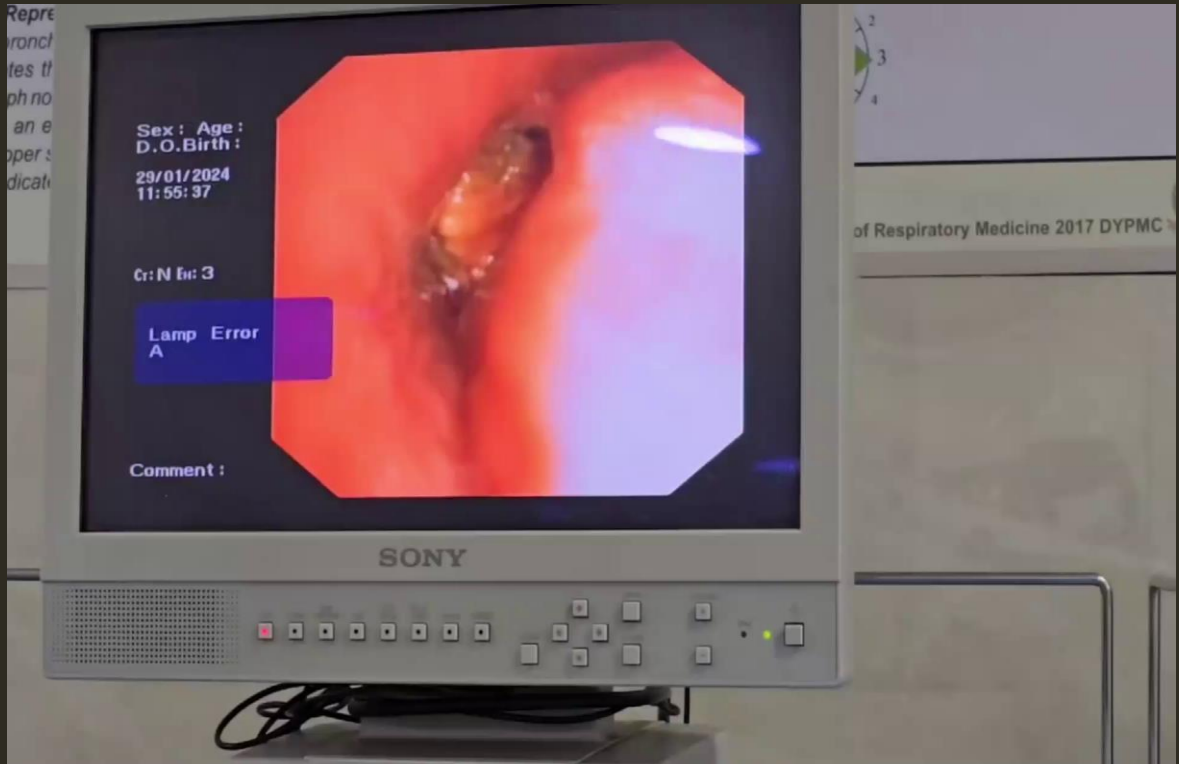
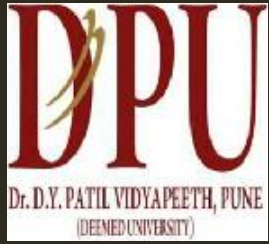
PATHOGENIC TRIAD

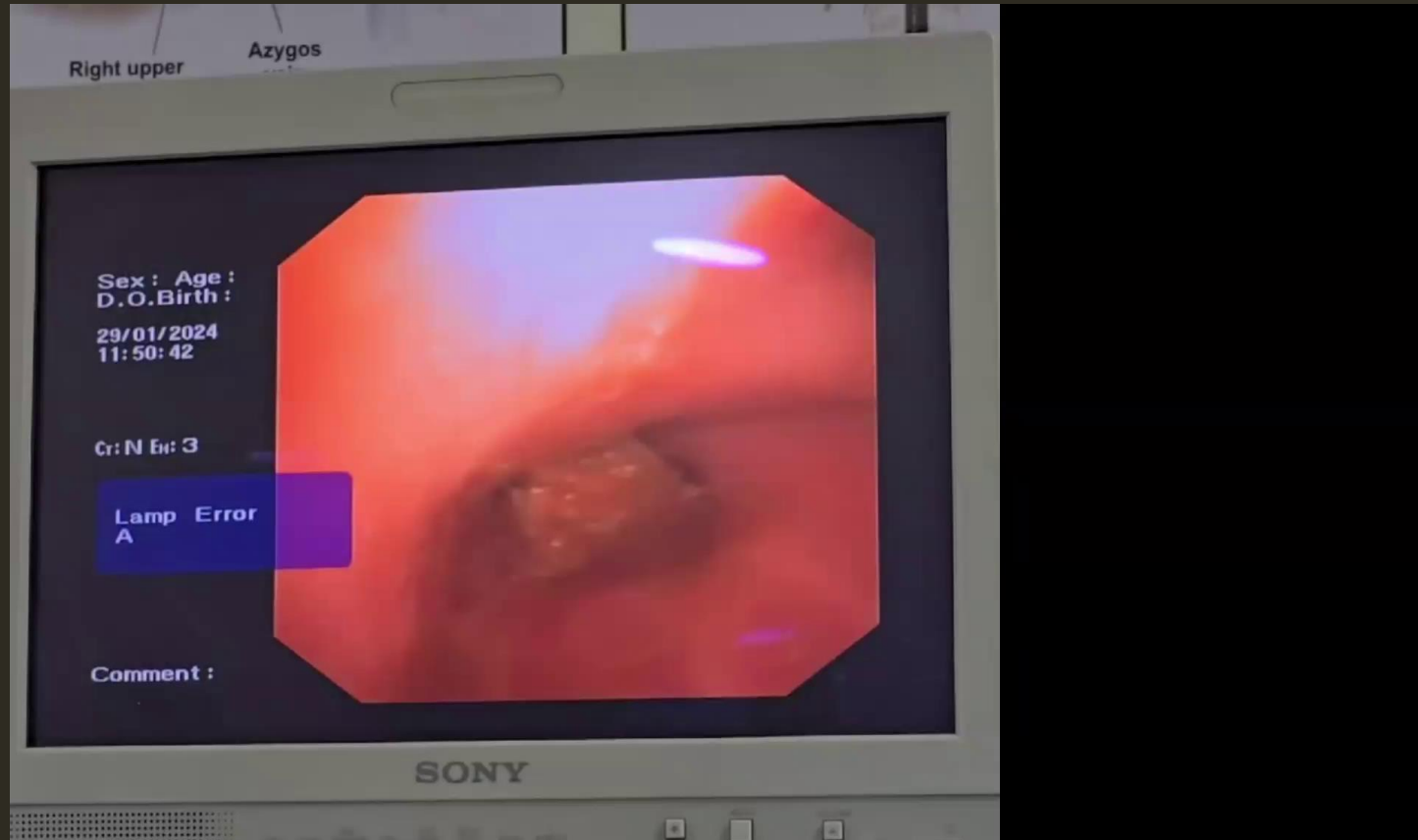
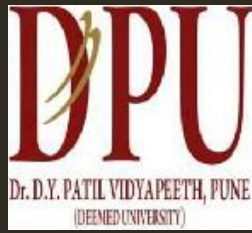
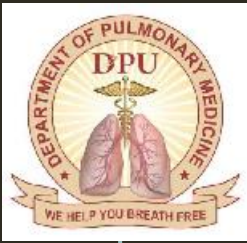


After ruling out common causes of chronic cough, there was a strong suspicion for Foreign body aspiration.



Patient was subjected to bronchoscopy





NIBBLING OF FOREIGN BODY WITH FORCEPS

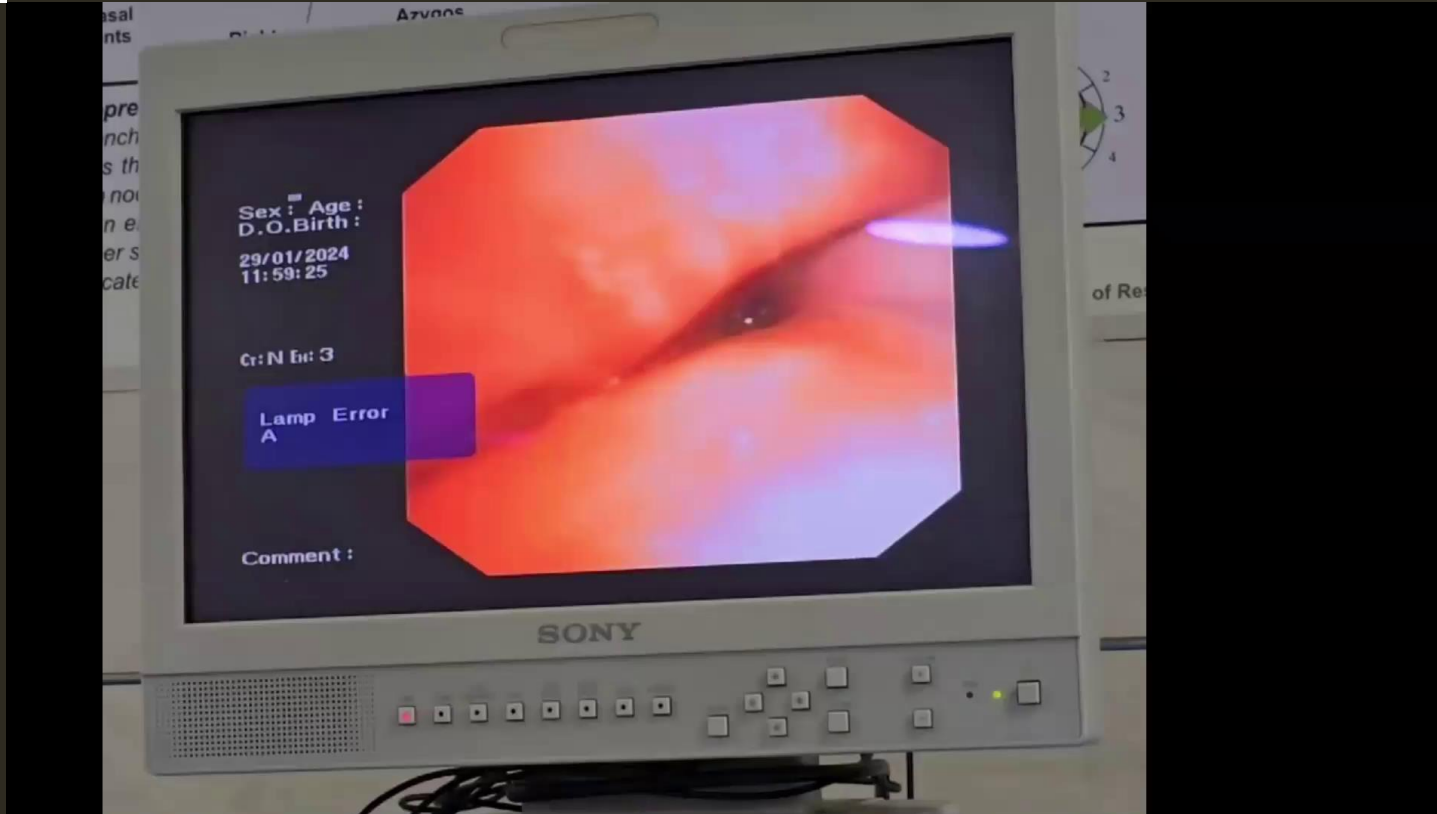
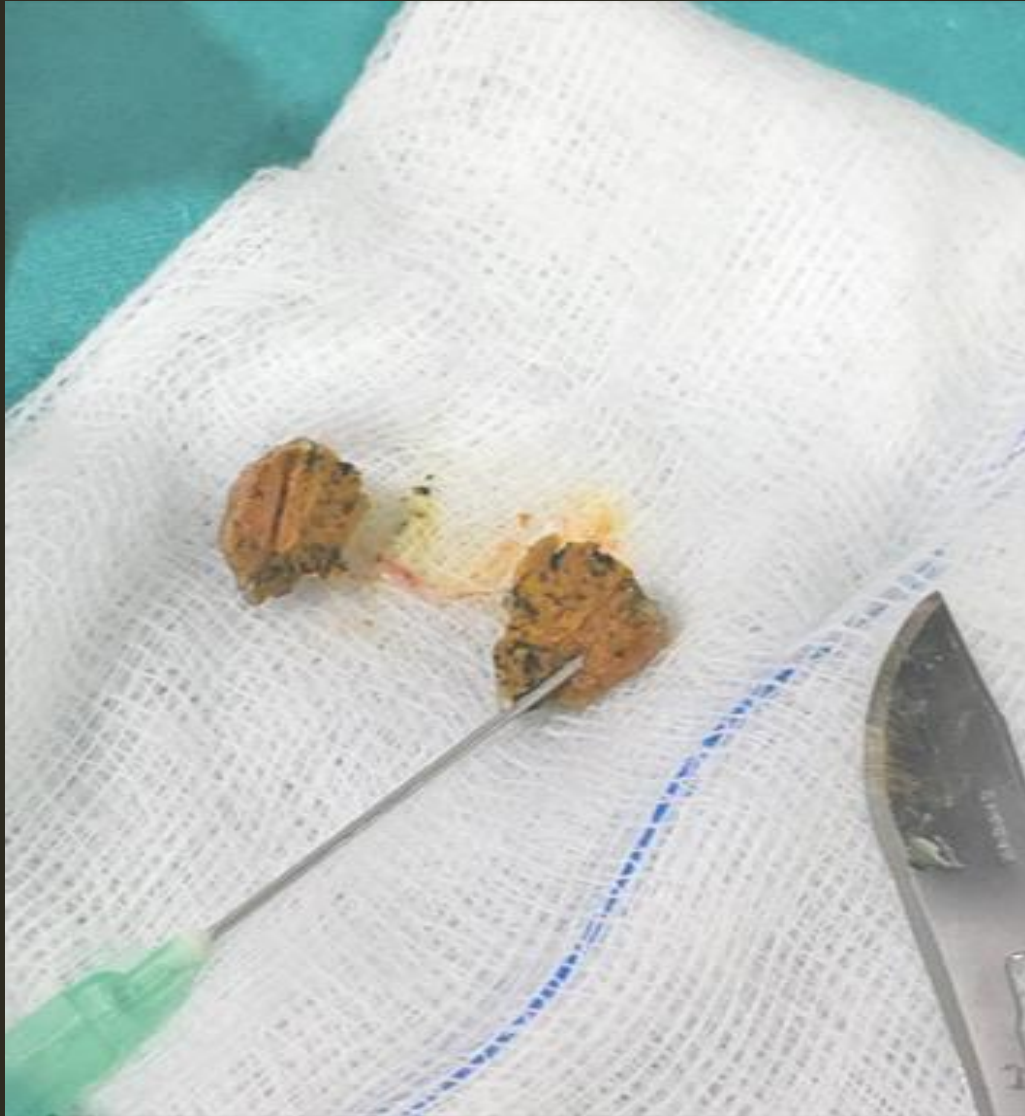
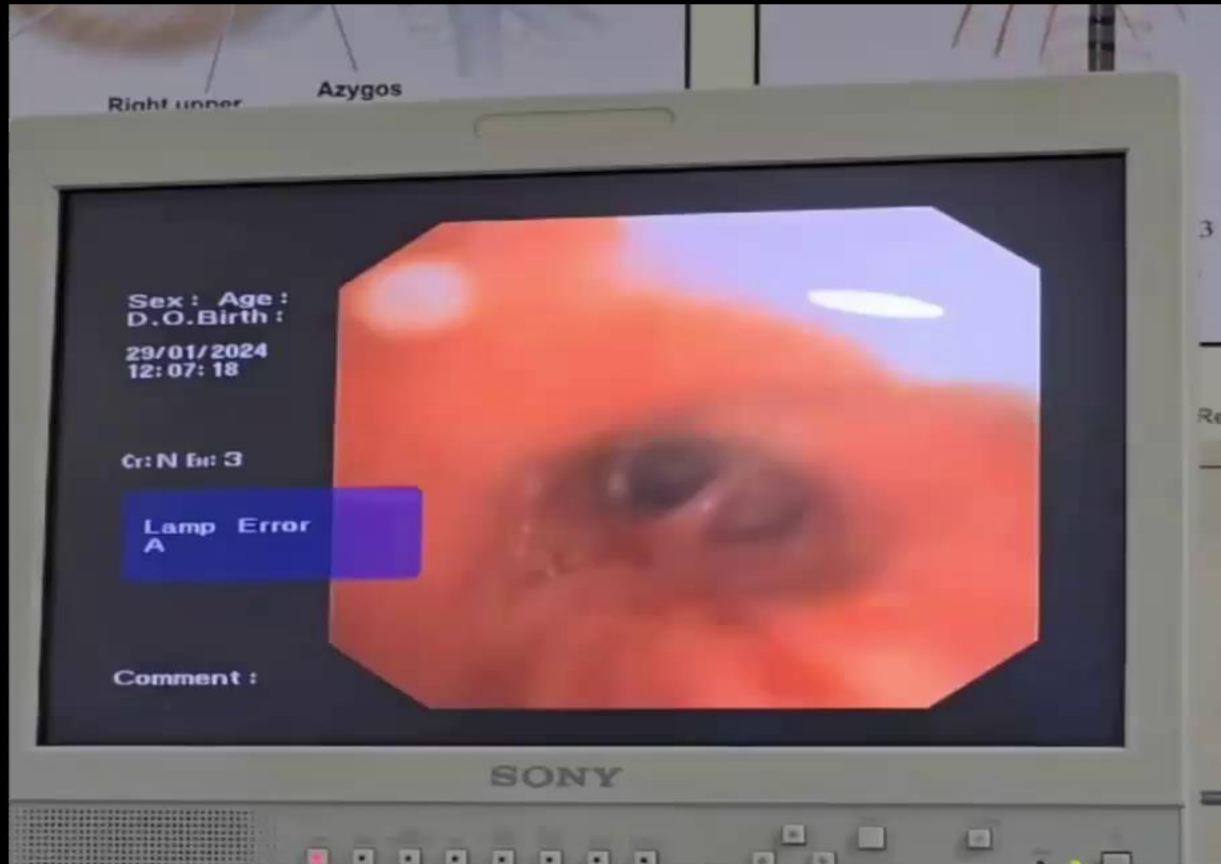
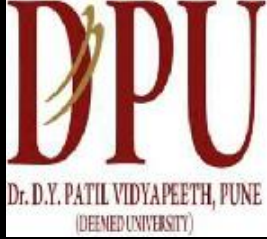


Figure 1: The retrieval basket

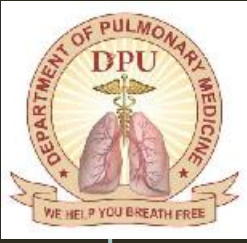
RETRIEVAL OF FOREIGN BODY USING DORMIA BASKET



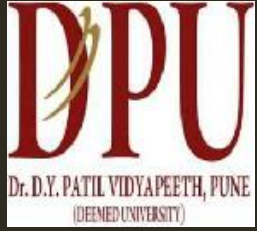
On further interrogation we came to know, our patient frequently used turmeric (*Curcuma longa*) to alleviate throat irritation and cough symptoms.



CHECK BRONCHOSCPY



POST BRONCHOSCOPY

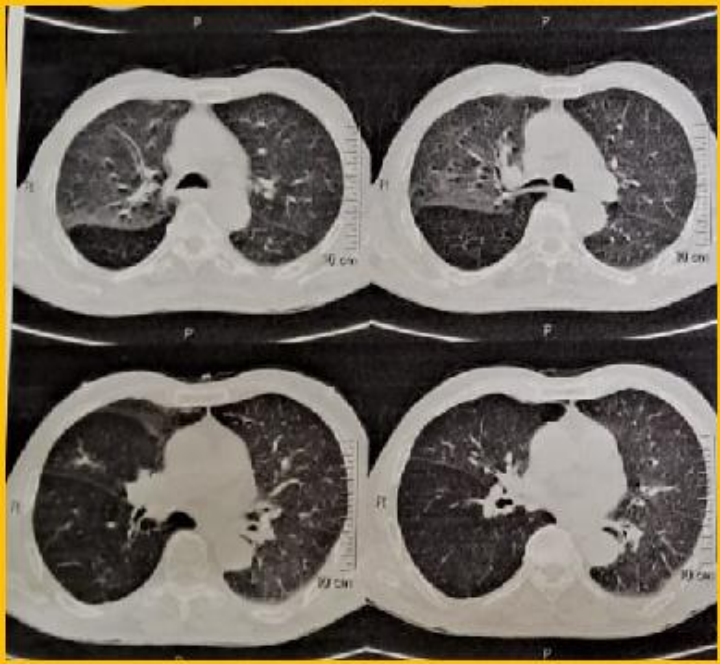


Significant reduction in cough

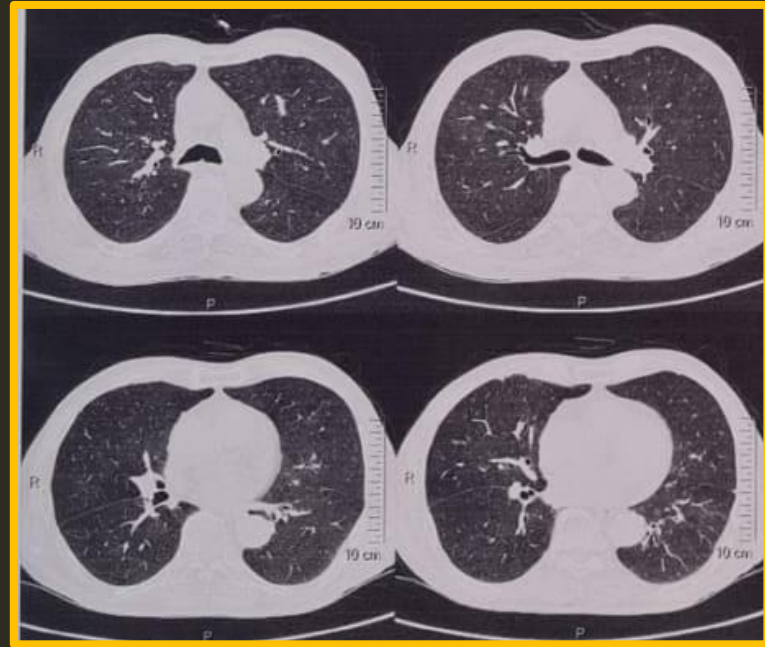
Patient discharged

Plan: Repeat HRCT chest on followup.

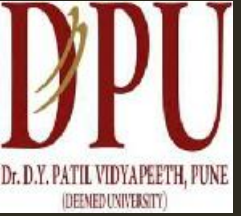
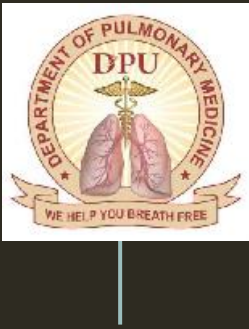
HRCT CHEST ON FOLLOWUP



21.01.2024



19.02.2024



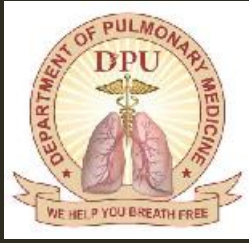
DISCUSSION

Cough is a physiological protective airway reflex

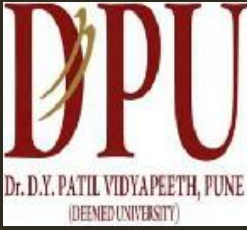
Chronic cough can sometimes prove to be



Diagnostic and Therapeutic Challenge



Chronic cough etiology



Asthma

Reflux disorder

ILD, Bronchiectasis, lung cancer

Upper airway cough syndrome

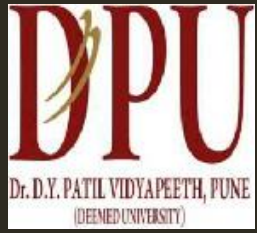
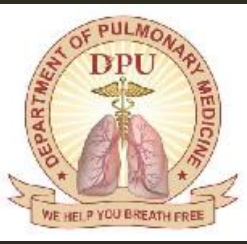
Aspiration

Non asthmatic eosinophilic bronchitis

Post infectious cough

Chronic heart failure

ACE inhibitors or other medications



FOREIGN BODY ASPIRATION

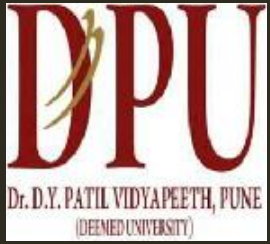
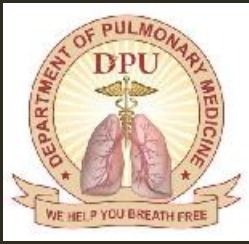
Most common
site of
lodgement
right main
bronchus

Common in children

Presents as acute emergency
with cough, cyanosis, stridor or
even death

Delayed diagnosis and
subsequent treatment leads
to fatal complication

Flexible and
rigid
bronchoscopy
is the
cornerstone of
diagnosis and
treatment



Common food particles -
Hard Food, Peanut, Grapes,
Beans, Seeds



80% - patients younger than
15 years of age.
20% - over the age of 15
years



CLOVE STALK



FOREIGN BODY IN RIGHT LOWER LOBE BRONCHUS



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Case Report

Clove stalk aspiration: An unusual cause of chronic cough

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Tushar Sahasrabudhe ^d

^a Professor & Head (Respiratory Medicine), Dr DY Patil Medical College, Hospital & Research Centre, Pimpri, Pune, India

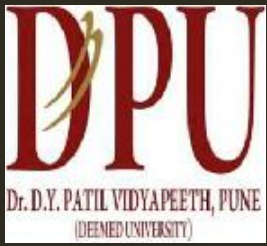
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TAKE HOME MESSAGE



Foreign body aspiration is underdiagnosed and diagnostic delay is typical.

Whenever a known cause of chronic cough is apparent and is not responding to optimal therapy, one must look for other uncommon causes of chronic cough like foreign body aspiration.

THANK YOU