

# TRACHEOBRONCHIAL FOREIGN BODY IN CHILDREN 10 YEARS EXPERIENCE

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## INTRODUCTION:

A tracheo/bronchic foreign body should be **suspected** in the case of **bronhopulmonary pathology with history of penetration** and/or in case of **pulmonary radiography which indicate a ventilatory disorders**.

Tracheo Bronchoscopy with **rigid endoscope** is **the safest method** in diagnostic and treatment of tracheo/bronchic foreign body.

**Diagnosis** is based on:

### Clinical exam:

- brutal access of suffocations with spasmodic cough
- supraclavicular tenderness
- inspiratory bradipnoea during alimentation or playing

### Thoracic radiography

**Tracheo Bronchoscopy with rigid endoscope**

## Treatment

Tracheo Bronchoscopy with rigid endoscope and extraction (accepted by majority of authors).

Flexible Bronchoscopy pre and post Bronchoscopy with rigid endoscope permit to complete this exploration.

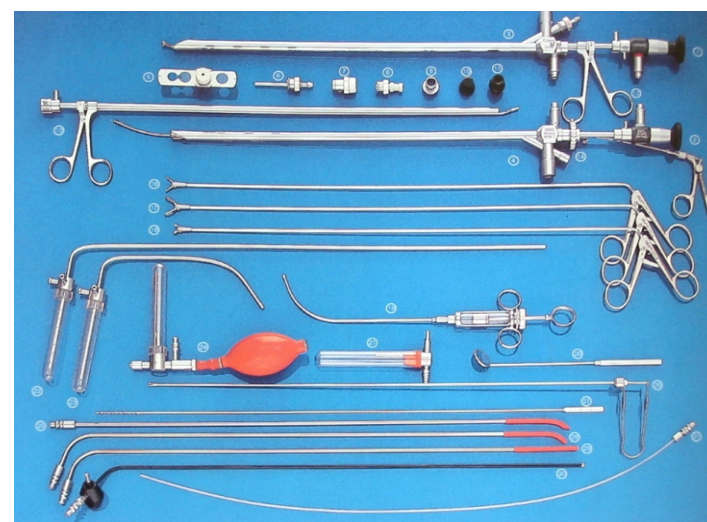
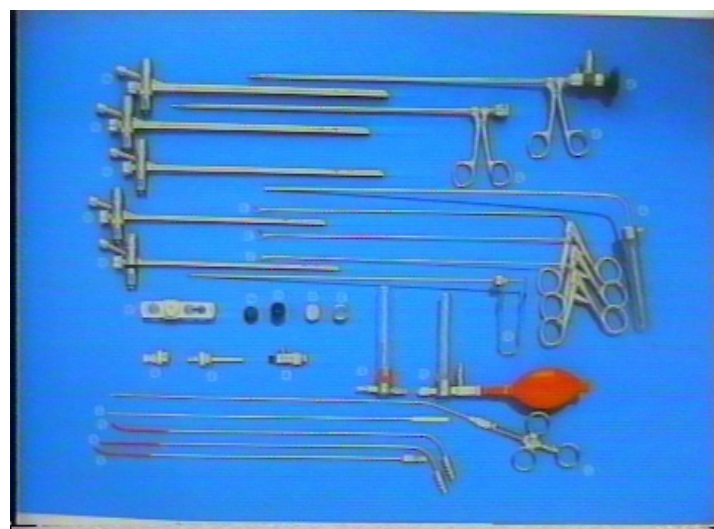
## OBJECTIVE:

The study presents the experience of ENT Department, Timisoara in the diagnosis and treatment of tracheobronchial foreign bodies in children. We studied 93 children, aged between 10 months and 8 years.

## METHODS:

The diagnosis of airways penetrating syndrome was established on history, clinical examination, cardiopulmonary X-ray, CT (virtual bronchoscopy) and rigid videotracheobronchoscopy.

Foreign body removal was performed using pediatric Karl-Storz tracheobronchoscopy kit, under general anesthesia and video documentation.



## RESULTS:

The repartition of the cases according to age was:

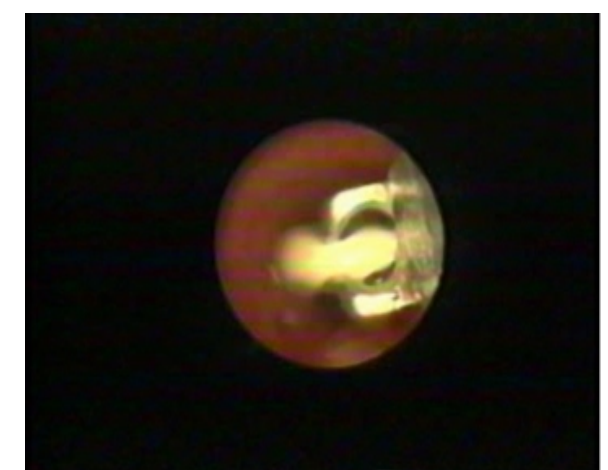
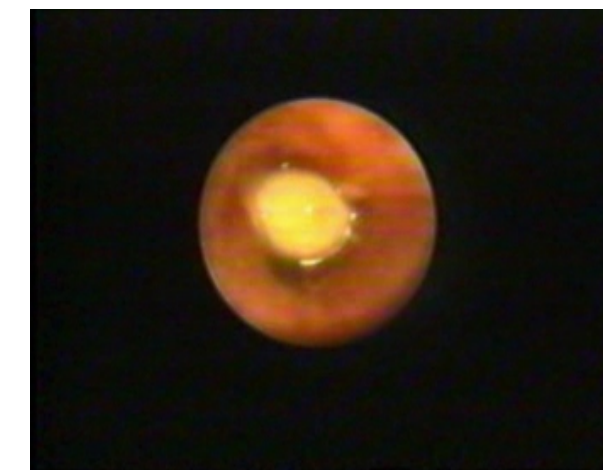
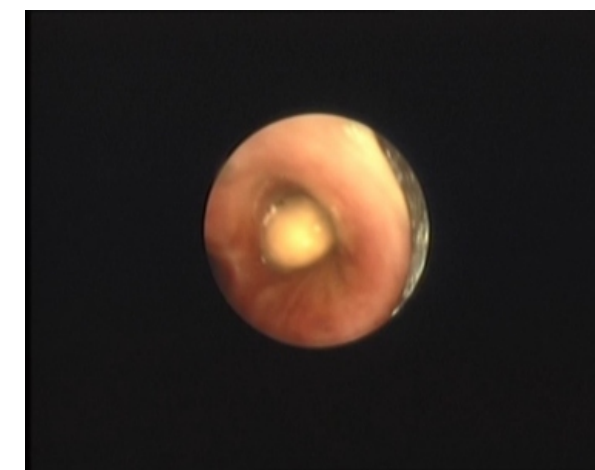
- 76 cases between 10 month - 3 years;
- 17 cases between 3-8 years.

Foreign body localization was:

- 53 cases in right bronchus,
- 23 cases in left bronchus
- 12 cases with bilateral localization,
- 4 cases in the trachea and
- 1 case with subglottic localization.

The nature of the foreign bodies extracted was

organic (sunflower, pumpkin and corn seed, popcorn, beans, peanuts and nuts) in 72 cases and anorganic in 21 cases.



**D.A. 2,6 years old.** Emergency, at about 5 hours after the penetration. Clinical: moderate dispnoea, spasmodic cough, right hemitoracic base flatness at percussion. Tracheo Bronchoscopy with rigid endoscope revealed pumpkin seed in right inferior lobar bronchia.



**B.A. 2 years old.** Urgency, at about 4 hours after the penetration. The diagnose was quickly established. Clinical: moderate dispnoea, persistent cough. Tracheo Bronchoscopy with rigid endoscope revealed 2 fragments of peanuts in right and left inferior lobar bronchia.

In one patient there was necessary tracheotomy (subglottic localization); same patient deceased during the intervention.

All other patients had a good evolution, with no complication after extraction of the foreign body.

## CONCLUSIONS:

Close cooperation between the ENT specialist, paediatrician, radiologist and anesthesiologist is absolute necessary for these major emergency represented by tracheobronchial foreign bodies.