Laryngotracheobronchial foreign bodies – A 5 year retrospective study
Eugen Radu Boia¹, Marioara Poenaru¹, Alin Horia Marin¹, Caius Doros¹, Horatiu Eugen Stefanescu¹, Nicolae Constantin Balica¹, Simina Boia²

1.ENT Department, University of Medicine and Pharmacy "Victor Babes" Timisoara
2.Periodontology Department, “Victor Babes” University of Medicine and Pharmacy Timisoara

Introduction:
Laryngotracheobronchial foreign bodies are not uncommon in clinical practice and are often misdiagnosed and mistreated, leading to severe complications.

Objectives:
- to create a clinical-statistical study of hospitalized cases of laryngotracheobronchial foreign bodies in ENT Department Timisoara from 2010 to 2015.
- to raise awareness to the high incidence and importance of correct diagnosis and treatment.

Materials and Methods:
A total of 52 patient were included in the study. All presented a foreign body in the laryngotracheobronchial tree, of different nature, and different localization. Correct diagnosis was obtained by clinical examination, Rx, and reconstructive bronchoscopy as well as rigid bronchoscopy.

Treatment consisted in laryngotracheobronchial foreign bodies’ extraction by rigid tracheobronchoscopy using Karl Storz bronchoscope kit for children. The procedure were performed under general anesthesia.

Results:
Foreign bodies age distribution was:
- 24 were between 1 and 3 years of age
- 19 between 4 and 7 years of age
- the rest were older than 7 years with one case of 44 years

By foreign body nature the incidence was:
- Organic foreign body - 41 cases
- Anorganic foreign body – 11 cases.

Regarding localization, in 43 cases, the foreign body was found in the right bronchia and in 9 cases in the left bronchia.
The majority of organic foreign bodies were corn and sunflower seeds, peanuts and walnuts were also found. Some of the anorganic laryngotracheobronchial foreign bodies found were toy parts, small buttons and small metal objects.

The technique of tracheobronchoscopy and the extraction were performed with a rigid tube.
The rigid tracheobronchoscope technique can be applied diagnostically as well as therapeutically, being the instrument of choice for all foreign-body extraction.

No major complications were encountered, postoperative evolution was good, with a mean hospitalization of 2 days.

Conclusions:
Laryngotracheobronchial foreign bodies need special attention due to frequent misdiagnosis which may lead to severe complications. If diagnosed correctly and early rigid bronchoscopy is the election treatment.

Contact: eugen_boia@yahoo.com