

Clinical Image

Foreign Body Aspiration During Inhaled Bronchodilator Administration[☆]



Aspiración de cuerpo extraño en relación con la aplicación de broncodilatador inhalado

M. Teresa Gómez Hernández,* Nuria M. Novoa, Marcelo F. Jiménez

Departamento de Cirugía Torácica, Hospital Universitario de Salamanca, Salamanca, Spain

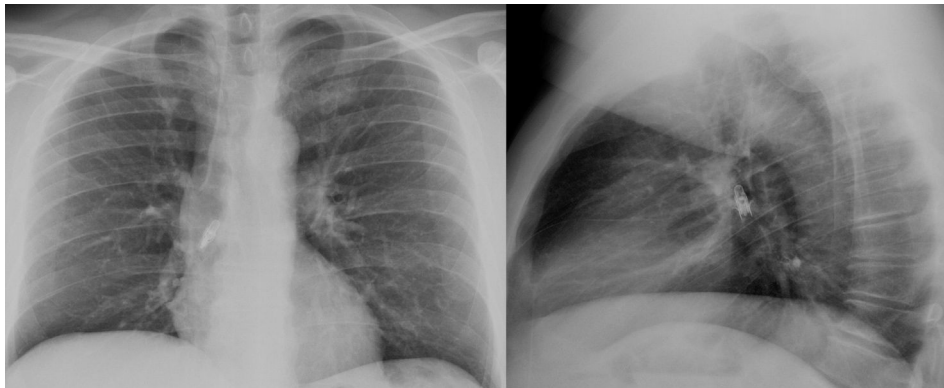


Fig. 1. Posteroanterior and lateral chest radiograph, showing the foreign body (LED light bulb) lodged in the right main bronchus.

We report the case of a 47-year-old man with a history of asthma and occupational exposure to wheat allergens (baker's asthma), treated with short-action β_2 -adrenergic agonists on demand (salbutamol in a pressurized cartridge). The patient was installing lights in his bakery, when he began to experience symptoms of dyspnea, so he took his inhaler (that did not have the mouthpiece cover in place) from his pocket, and used it. The patient immediately had the sensation of inhalation of a foreign body and increased dyspnea, so he went to the emergency department. Chest radiograph (Fig. 1) showed a foreign body (a LED light bulb) lodged in the right main bronchus. Given the radiological findings, the patient was transferred to our hospital, where the object was

extracted using rigid bronchoscopy. The patient was interviewed again, and reported that he had put the bronchodilator in the pocket of his working clothes, along with several LED bulbs.

The correct technique for inhaled drugs requires the user to remove the mouthpiece cover and check that there are no foreign bodies either inside or outside the inhaler, including the mouthpiece, in order to minimize the risk of this sort of incident.¹

Reference

1. Taskar VS, Bradley BB, Moussali HM, Hilton AM. Foreign body aspiration: a hazard of metered dose inhalers. *BMJ*. 1993;306:575–6.

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* Corresponding author.

E-mail address: mteresa.gomez.hernandez@gmail.com (M.T. Gómez Hernández).