

Clinical Image

Migration of a sharp foreign body as a casual finding in a patient with tracheostomy ☆



Cuerpo extraño punzante migratorio como hallazgo casual en paciente con traqueostomía

Blanca de Vega Sánchez,^{a,b,*} Sofia Jaurrieta Largo,^c José María Matilla González^d

^a Unidad de Bronoscopias y Técnicas Pleurales, Servicio de Neumología, Hospital Clínico Universitario de Valladolid, Valladolid, Spain

^b Grupo Emergente de Neumología Intervencionista SEPAR (GEBRYN)

^c Servicio de Neumología, Hospital Clínico Universitario de Valladolid, Valladolid, Spain

^d Servicio de Cirugía Torácica, Hospital Clínico Universitario de Valladolid, Valladolid, Spain

We report the case of a 66-year-old man, former smoker, with complete laryngectomy in February 2017 due to squamous cell carcinoma, T4N2M0, referred on an outpatient basis for profiling of a lung mass in the right lower lobe by flexible bronchoscopy (FB).

Radiological evidence from the day of the FB showed the presence of a radiopaque structure located in the bronchus intermedius (Fig. 1) not visible on the CT scan conducted 2 weeks previously. FB revealed a sharp metallic foreign body, located at that time within the left main bronchus, visible under fluoroscopy (Fig. 1). We used a 4.2 mm Radial Jaw™ clamp (Boston Scientific) for the endoscopic removal of an intramuscular needle 2.5 cm in length. The beveled section that was embedded in the anteromedial wall of the left main bronchus had to be removed prior to complete withdrawal (Fig. 1), and a hemostatic surgical clamp was needed for safe extraction of the foreign body via the tracheostomy. The patient was interviewed again. He reported that he had dropped the foreign body after cleaning the tracheostomy with saline solution, and that hemoptysis had been self-limited.

FB is a suitable tool not only for the locating endobronchial foreign bodies,¹ but also for the successful and minimally invasive removal of these objects.²

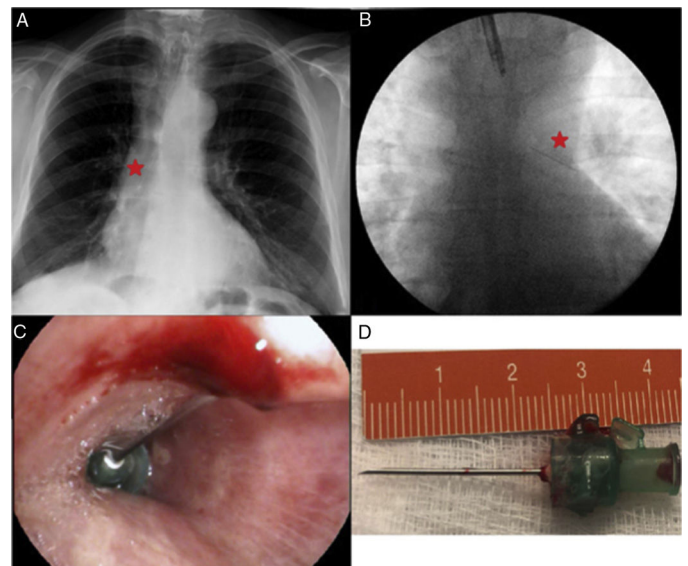


Figure 1. (A) Radiopaque structure embedded in the bronchus intermedius. (B) Foreign body in the left main bronchus visible under fluoroscopy. (C) Endoscopic view of foreign body. (D) Intramuscular needle 2.5 cm in length.

References

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* Corresponding author.

E-mail address: blancadevegasanchez@gmail.com (B. de Vega Sánchez).