ISSN: 0975-833X

Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 8, Issue, 10, pp.39840-39841, October, 2016

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

CASE STUDY

RESPIRATORY-ASPIRATED 50*15MM RIVER SHIMP SUCCESSFULLY CLIPED BY VIRTUAL BRONCHOSCOPE WITH FOREIGN BODY FORCEPS AND AVOIDING THE NEED FOR A THORACOTOMY

Ye Rui-Hai, Yang Jun-Chao, Huang Li, Ai Li-Juan, Wang Zhon-Hai and *Wang Zhen

Department of Respiratory Medicine, Zhejiang Hospital of Traditional Chinese Medicine, 54 Post Road, Hang Zhou, China

ARTICLE INFO

Article History:
Received 20th July, 2016
Received in revised form
22nd August, 2016
Accepted 28th September, 2016
Published online 30th October, 2016

Key words:
Foreign body aspiration,
River shrimp,
Flexible bronchoscope.

ABSTRACT

Respiratory Foreign body Aspiration (FBA) is a suddently life-threatening emergency. But, it is a seldom elaborated in textbooks. The most common site for that is the right low bronchus or its bronchus intermedius as it is more wider, shorter and vertical. Most of the patients are children, and their atypical symptoms often cover the disease. It is required rapidly identify diseases and take measures to prevent potentially fatal complications. The treatment is usually via either endoscopic or surgical extraction. FBA of a river shimp has been reported as a special case in the literature. Because of any eating in a hurry, sudden laughing or coughing at dinner that increas the risk of aspiration. As far as we know, this is the first case report of a 50*15mm river shrimp foreign body that has been successfully cliped by the virtual bronchoscope with foreign body forceps and avoided the need for a thoracotomy in an adult male patient.

Citation: Ye Rui-Hai, Yang Jun-Chao, Huang Li, Ai Li-Juan, Wang Zhon-Hai and Wang Zhen, 2016. "Respiratory-aspirated 50*15mm river shimp successfully cliped by virtual bronchoscope with foreign body forceps and avoiding the need for a thoracotomy", *International Journal of Current Research*, 8, (10), 39840-39841.

INTRODUCTION

Respiratory Foreign Body Aspiration (FBA) is a potentially life-threatening emergency. It is required prompt recognition and early treatment to prevent potentially fatal complications. The treatment is usually via either endoscopic or surgical extraction. However, it is a poorly covered topic in textbooks. In the United States, 1.4 in 100000 deaths are relevanted to FBA (Zur and Litman, 2009). The majority of these are due to foreign body aspiration that lodge in the peripheral airways (segmental and subsegmental bronchi) in 26% of child and 57% of adult cases (Baharloo *et al*., 1999). The most common site for that is the right low bronchus or its bronchus intermedius as it is more vertical, shorter and wider (Limper and Prakash, 1990). FBA of a river shimp has been reported as a special case in the literature, occurring most commonly in children, especially during adolescence (Lan, 1994). Because of any eating in a hurry, sudden laughing or coughing at dinner that increas the risk of aspiration. Radiographic results range from normal appearances to a visible foreign body (Li *et al*., 2009).

Corresponding author: Wang Zhen,
Department of Respiratory Medicine, Zhejiang Hospital of Traditional Chinese Medicine, 54 Post Road, Hang Zhou, China.

The use of the CT technique combination of virtual bronchoscopy for confirmation and therapy is advocated to certain diagnosis in doubt (Ciftci *et al*., 2003). This is the first case report of a 50*15mm river shrimp foreign body that has been successfully cliped by the virtual bronchoscope with foreign body forceps and avoided the need for a thoracotomy in an adult male patient.

CASE REPORT

A 59-year-old male with no special medical history presented with a sudden of coughing and hemoptysis following accidentally aspirating a rive shimp at dinner. The Clinical symptom was relative stability and a chest CT showed a long strip foreign body shadow in the right low bronchus (Figure 1). Following the failed try to cough out the foreign matter, the patient was finally referred to the flexible bronchoscope with foreign body forceps and avoided the need for a thoracotomy. Because of emergency operation, the local anesthesia of lidocaine in the airway was chosen. Considered the huge foreign body, through the mouth way to take the foreign body was taken. Bronchial lens model was Olympus EVIS 1T260 which had a diameter of 2.8mm large diameter pipe pliers. Its operating access allowed for foreign body forceps to be carried out.

The rat tooth with Alligator Jaws model was FG-44NR-1 whose mouth opening rate reached 6.9mm (Figure 2). It can effectively clamp larger foreign body such as the river shrimp.

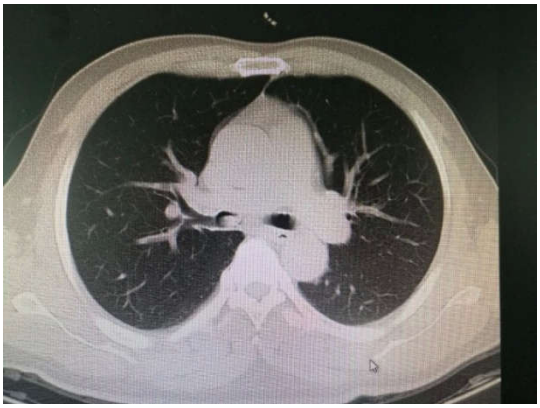

Figure 1. Chest CT showed a long strip foreign body shadow in the right low bronchus

Figure 2. The rat tooth with Alligator Jaws model was FG-44NR-1 whose mouth opening rate reached 6.9mm

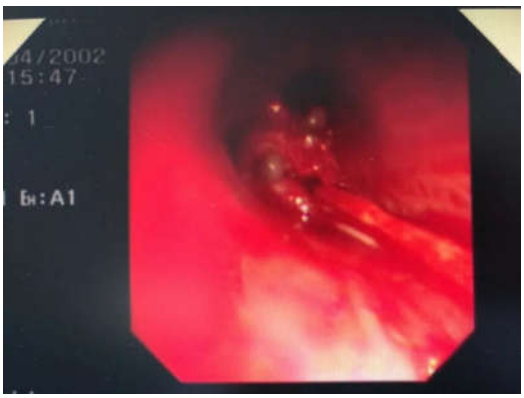

Figure 3. The rive shrimp incarcerated in the right lower lobe bronchus

Figure 4. Photograph showing the 50*15mm aspirated river shrimp that was successfully retrieved by the flexible bronchoscope with foreign body forceps without fragmentattion

By the virtual bronchoscopy, the huge rive shrimp was lodged in the right lower lobe bronchus (Figure 3). Because of its huge volume, forceps can not effectively clamp whole shrimp. After a few failures, Shrimp was finally removed by the foreign body forceps slowly lived right inferior lobar bronchus. With the turning of patients with cough, it was finally successfully extracted without impacting on the bronchial wall. The rive shrimp was removed unfragmented (Figure 4) and the need for a thoracotomy in 59-year-old male patient was avoid. After two days of anti infection treatment with Cephalosporin, patient was discharged from the hospital. There were no significant clinical sequelae follow-up six months.

Conclusion

To our knowledge, this is the first case report of a 50*15mm river shrimp foreign body that has been successfully retrieved by the flexible bronchoscope with foreign body forceps and avoided the need for a thoracotomy in an adult male patient. However, the authors wish to acknowledge the team work in bronchoscopy room. The main benefit of this case is to help patients reduce surgical risk, with a low rate of complications (Ragab *et al*., 2007). Awaking anesthesia appropriate protection of self cough might be an effective way to get a huge foreign body except general anesthesia by rigid bronchoscopy.

REFERENCES

Baharloo F, Veyckemans F, Francis C, Biettlot MP, Rodenstein DO. 1999. Tracheobronchial foreign bodies: presentation and man-agement in children and adults. *Chest*, 115:1357–1362.

Ciftci AO, Bingo¨l-Kologˇ lu M, Senocak ME, Tanyel FC, Bu¨yu¨kpamukc¸u N. 2003. Bronchoscopy for evaluation of foreign body aspiration in children. *J Pediatr Surg*., 38:1170–1176.

Lan RS.1994. Non asphyxiating tracheobronchial foreign bodies in adults. *Eur Respir J*., 7:510-514.

Li Y, Wu W, Yang X, Li J. 2009. Treatment of 38 cases of foreign body aspiration in children causing life-threatening com-plications. *Int J Pediatr Otorhinolaryngol*., 73:1624–1629.

Limper AH, Prakash UB. 1990. Tracheobronchial foreign bodies in adults. *Ann Intern Med*., 112:604-609.

Ragab A, Ebied OM, Zalat S. 2007. Scarf pins sharp metallic tracheobronchial foreign bodies: presentation and manage-ment. *Int J Pediatr Otorhinolaryngol*., 71:769–773.

Tariq SM, George J, Srinivasan S. 2005. Inhaled foreign bodies in adolescents and adults. *Monaldi Arch Chest Dis*., 63:193–198.

Zur KB, Litman RS. 2009. Pediatric airway foreign body retrieval: surgical and anesthetic perspectives. *Paediatr Anaesth*, 19(Suppl 1):109–117.

****