(Refer to page 88)

Answer: Foreign body (nail) aspiration

There are two possible outcomes of an ingested foreign body (FB). It either enters the airway or the gastrointestinal tract. Entries of FBs in the gastrointestinal tract are more common as the airway is protected by the cough reflex which is triggered upon intrusion of any foreign material into the laryngeal inlet. FB ingestion is often incidental and a single choking episode with or without history of FB ingestion especially in children is sufficient to suspect FB ingestion. FB ingestion may go unnoticed and may result in significant morbidity such as recurrent infections. Multiple FBs in both the airway and gastrointestinal tract are rare.

In the index case, the detection of a FB in the bronchus was incidental during routine pre-operative chest radiograph. In a patient with no risk factors, the incidence of findings of unexpected abnormalities in chest radiographs is very low. In a multi-centre study of patients (n=2,151) with American Society of Anaesthesiologists (ASA) I and II, the unexpected finding of any abnormalities was only 8.6%. 1 The yield was higher in the elderly and those with poorer ASA. 2 Although routine chest radiographs may reveal abnormal findings in less than 9% of patients, change of management as a result of such finding only occurred in 0.2-1%. 2 Psychiatric co-morbidity is regarded as a risk factor and thus an indication for routine screening.

Management of airway FB is usually a priority as it can lead to fatal asphyxiation. When a FB does not compromise the airway, arrangement should be made to remove the FB as soon as possible. However, it may dislodge causing airway compromise, or distal airway obstructions resulting in recurrent chronic infection and pneumothorax especially in cases with sharp FBs. FBs can be removed with either a flexible or rigid bronchoscope, although the later is preferred especially for large or difficult FB.

FB lodged in the oesophagus can be safely removed either with rigid or flexible endoscopes. However, if it dislodges more distally, conservative management can be considered as most, especially if they are small, pass uncomplicatedly through the gastrointestinal tract. 3 If complications such as perforation (Panel) are anticipated, removal should be considered either by surgery or endoscopy. 3

REFERENCES