Management of Tracheo-Bronchial Foreign Bodies

A Thesis Submitted for
Partial Fulfillment of Master Degree In ***Surgery***

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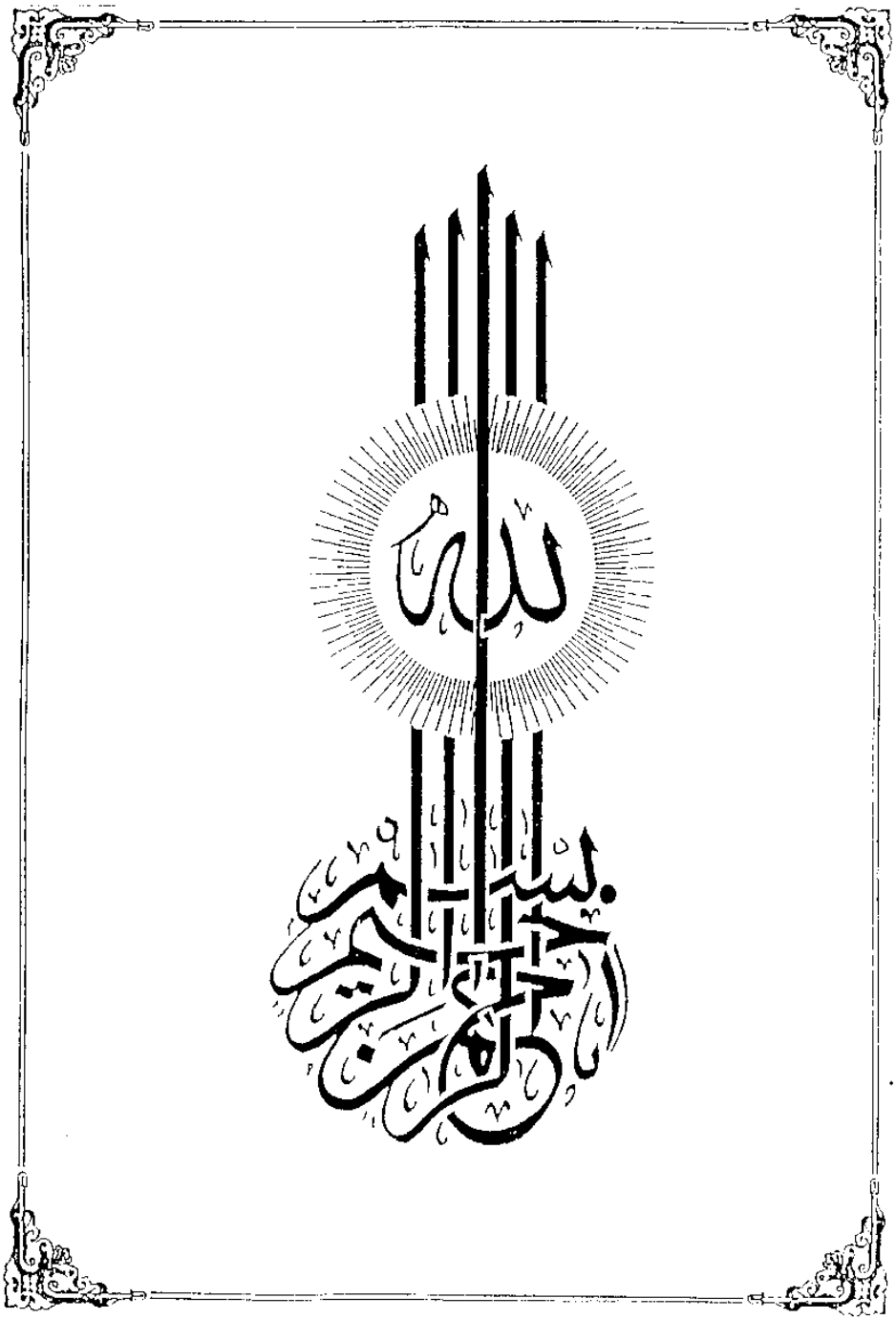
1999



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Ahmed Ahmed Fouad Abd El Wahab

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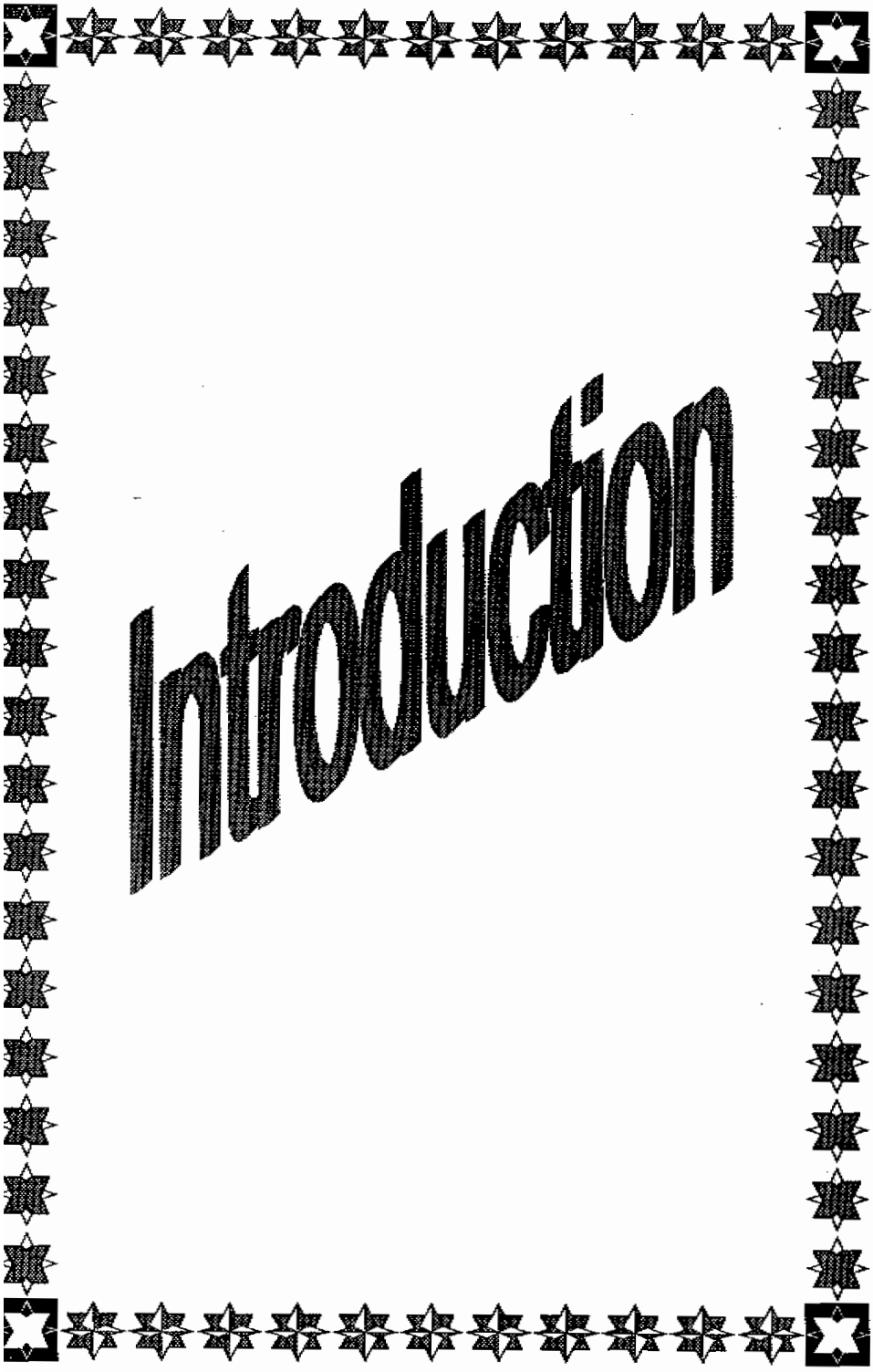
Introduction

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Foreign body inhalation is one of the emergencies especially in children due to relative small diameter of their airway. This potentially fatal problem is better prevented than treated.

The incidence of foreign body inhalation varies widely from place to another. The Children's Memorial Hospital in Cicago reported more than 5000 deaths in last 35 years. While John Hopkin's Hospital reported 234 cases in last 15 years ***(Hughes et al., 1996)***.

This problem accounts for more than 300 deaths per year in the United States ***(Black et al., 1994)***. On the other hand, it constitutes 40% of fatality rate in Children Teaching Hospital in North-West Ethiopea ***(Gedlu, 1994)***.

Although these are some of the reported figures, there is a belief that the mortality rate of this problem is higher since some more victims die instantly before having the chance to reach to any hospital.

Early diagnosis of foreign body inhalation and prompt treatment prevent immediate and late complications ***(Rogez et al., 1992)*** since long-standing inhaled foreign body may be responsible for irreversible complications ***(Cataneo et al., 1997)***.

Clinical presentation in a given patient depends on the age of the patient, the location of the foreign body, the size, shape and characters of foreign body and how long the foreign body is present ***(Ballenger, 1997)***.

An accurate history about foreign body inhalation is extremely important ***(Healy, 1990)***.

Plain radiographs of the neck and chest are basic in the evaluation of any patient with suspected foreign body inhalation but doesn't constitute a complete examination ***(Gerald, 1990)***, negative chest X-ray does not exclude presence of foreign body in tracheo-bronchial tree ***(Yagi, 1997)***.

Once the diagnosis of foreign body inhalation is suspected, the burden of proof of its presence or absence is on the endoscopist. Extraction with rigid bronchoscope is the method of choice reported in almost all literatures ***(Healy, 1990; Yukesk et al., 1992; Weber 1993; Ahmed 1996, Fadi and Omer, 1997 and Garpinar et al., 1998)***.