

Airway foreign body management with flexible bronchoscopy in adult patient after trauma: a case report

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Argomento: Caso clinico

A 45-year-old man arrived at the emergency room with head trauma, breathing difficulties and large wound of the scalp. His vital signs upon admission were as follows: temperature, 37°C; blood pressure, 90/50 mm Hg; heart rate, 100 beats/min; respiratory rate, 22 breaths/min. Neurological assessment revealed a GCS score of 8/15. No signs of chest and abdominal involvement were revealed by primary physical examination. Arterial blood gas analysis demonstrated breathing disorders with a decrease in PaO₂. After stabilization of the vital parameters we proceeded to orotracheal intubation and to CT scan that showed a SAH and multiple fractures of the cranial tables, right temporomandibular joint dislocation, a foreign body occluding the right principal bronchus. We administered anesthesia as follows: Propofol 4mg / kg / h, Remifentanyl 0.1mcg / kg / h and Cisatracurium 14mg. At fibrobronchoscopy a foreign body was found completely occluding the lumen at the origin of the lower right lobar bronchus. After unsuccessful attempts by the thoracic surgeon with rigid bronchoscope, our team of anesthesia decided to approach the foreign body using a flexible bronchoscope. The bronchoscope with 6 mm outer diameter was used. Thanks to a Dormia basket, the foreign body extraction is concluded. The foreign body was then removed taking care that it did not dislodge at the level of vocal cords and obstruct the trachea. The patient did not experience respiratory distress during the procedure. The saturation of oxygen was kept above 90%. There was no observed complication. Learning point: traditionally the rigid bronchoscope has been used for the removal of foreign bodies. However the use of the flexible bronchoscope, although unconventional, can be decisive in some selected cases because of many advantages: it is more available than rigid bronchoscope, most anesthesiologists are trained to use it, it can provide access to subsegmental bronchi beyond that provided by the rigid bronchoscope.

