



IMAGES IN INTENSIVE MEDICINE

An unusual foreign body aspiration Un cuerpo extraño insólito en vía aérea



J.C. Suarez Montero^{a,*}, A. Cordon-Abalde^a, A. Torrego Fernández^b

^a Intensive Care Department, Hospital Universitario de la Santa Creu I Sant Pau, Barcelona, Spain

^b Bronchoscopy Unit, Respiratory Department, Hospital Universitario de la Santa Creu I Sant Pau, Barcelona, Spain

Available online 2 March 2021

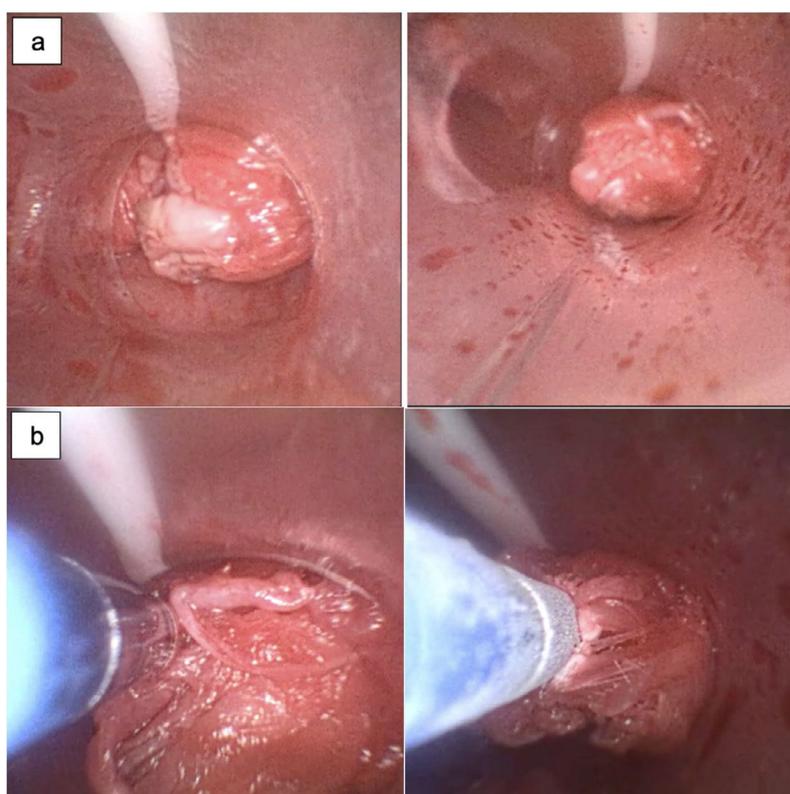


Figure 1

* Corresponding author.

E-mail address: jsuarez@santpau.cat (J.C. Suarez Montero).

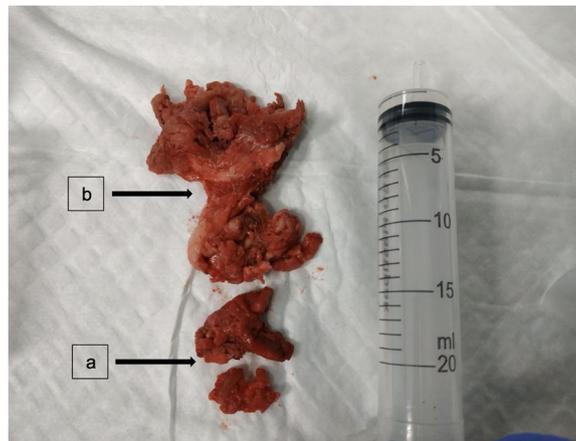


Figure 2

A 77-year-old gentleman was admitted in ICU for respiratory arrest secondary to foreign body aspiration while having dinner. Immediately after intubation and connection to mechanical ventilation, a ventilator alert showed peak inspiratory pressure increased. Emergency bronchoscopy was indicated. Bronchoscopy showed an unusual foreign body in the trachea until carina with obstruction at the distal lumen of the endotracheal tube (Fig. 1a and b). A 2.4 mm cryoprobe was inserted through bronchoscope working channel. After several unsuccessful attempts to remove it through the 9 mm endotracheal tube, the foreign body was moved up to the subglottic region attached to cryoprobe (Video). Direct laryngoscopy was then performed showing a foreign body (beef) under the vocal cords and hanging in the subglottic region. The “beef” (about 70 whole grams) (Fig. 2) was successfully removed with Magill’s forceps. The patient was extubated and discharged from hospital 48 h later fully recovered.

Conflict of interest

All authors declare no conflict of interests for the submitted word.

Acknowledgement

We would like to acknowledge Dr Albert Rafecas for your help during the procedure and recording of images.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1016/j.medin.2021.01.005](https://doi.org/10.1016/j.medin.2021.01.005).