Acta Scientific Otolaryngology (ISSN: 2582-5550)

Volume 3 Issue 10 October 2021

Short Communication

Persistent Subglottic Foreign Body After Aspiration

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Received: August 25, 2021

Published: September 11, 2021

Introduction

We describe the case of a 70-year-old patient who had an occult foreign body in the subglottis for weeks. After enjoying a sausage soup with noodles, the patient complained of a sudden, severe coughing attack with a feeling of suffocation. The patient's daughter who was present was able to defuse the situation by using the Heimlich handle. Subjectively, the patient was able to breathe well again, so that it was assumed that an aspirated foreign body was coughed up spontaneously.The patient then presented herself to a peripheral hospital without an ENT-department. After observing the patient for several hours without recurring dyspnea, she was discharged to home.

Further course

An outpatient ENT consultation took place the following day. Here the picture of laryngitis first emerged, after which treatment with an antibiotic and prednisolone was started. The following controls were bland; the patient reported only a slight feeling of pressure when projecting onto thelarynx/trachea. In another control examination six weeks after the acute event, the patient complained of recurrent fetal coughing. A chest x-ray taken by the family doctor in the meantime showed no abnormal findings, the laboratory values were in the normal range. Laryngoscopically,however, a speared foreign body could now be seen anterior subglottic (See figure 1). The patient was admitted to the clinic for removal.

Findings

The primarily transparent piece of plastic with a size of 23 x 17 x 1 mm, now apparently only "visible" due to the accumulation of secretions, could be easily removed under mask anesthesia (See figure 2-4). In the ventral subglottic area of the impaled body, an area of approx. 15 x 10 mm with bed-like granulations was found after removal of the foreign body (See figure 5). The subsequent tracheobronchoscopy/esophagoscopy did not reveal any other abnormal findings. Postoperatively, the patient inhaled dexamethasone several times a day. A control presentation bythe patient one week later showed a clear decrease in granulation formation subglottic with only minimal elevation of the anterior subglottic wall (See figure 6). Three months later the patient was reassigned to us with a persistent foreign body sensation projected onto the subglottis/trachea. A panendoscopy performed under anesthesia did not reveal any pathological findings.

Figure 1: Magnifying laryngoscopic image with subglottic foreign body.

Figure 2: Intraoperative exposure of foreign body.

Figure 3: Impaled piece of plastic after extraction.

Figure 4: Impaled piece of plastic after extraction, cleaned.

Figure 5: Subglottic granulations due to the imposition of foreign bodies.

Figure 6: Magnifying laryngoscopic image one week after removal of the foreign.

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