IMPACTED COIN AT CARINA IN A YOUNG MAN

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ABSTRACT:
A 30 years old man was presented with chest discomfort at sternal level since last six months. He was referred from some tertiary care hospital for bronchoscopy and removal of Foreign Body. The General Surgeon of that hospital has already tried for its removal but was not successful. There was no history of Aspiration, Inhalation of Foreign Body (coin), Chocking, Cough or Dyspnea. X-ray chest showed a radio opaque shadow at level of carina.

Rigid Bronchoscopy was performed and an Impacted Coin covered with crusts and granulations was removed from the postwall of carina. Foreign Body in unusual site with no history & no significant symptoms, in a young patient discovered rarely.

KEY WORDS: Coin, Carina, Bronchoscopy.

INTRODUCTION:
Tracheobronchial Foreign Bodies are common incidence and is an acute emergency in Ear, Nose and Throat practice. It is common in children below the age of 5 years.

We report a rare case of Radioopaque Foreign body (coin) with no history of inhalation, chocking, dyspnea and cough in a young patient. Foreign body was impacted at very uncommon site carina is again a rare finding2.

CASE REPORT:
A 30 years old young man presented with chest discomfort at sternal region since last six months, for which he was taking treatment from his family physician but was not getting relief, ultimately his physician advised him x-ray chest, which showed a radioopaque shadow at the level of carina. He was referred to tertiary care hospital where some General Surgeon performed Fibreoptic Bronchoscopy under general anesthesia but he was not able to remove it. From there patient was referred to Ear, Nose, and Throat Department Baqai Medical University Hospital Nazimabad.

Patient was a healthy person, Mechanic by profession, addicted to Pan and Betel nut. There was no history of inhaled foreign body or an attacks of chocking, dyspnea and cough., clinically Pharynx and Larynx were normal, Air entry was present in both side of chest on auscultation. Crepitation, Rhonchi or Wheezing were not present on auscultation, X-ray chest PA and LAT view showed a radio opaque shadow at the level of carina. (Fig. 1-2) C.T. SCAN chest also showed a radio opaque, highly dense shadow more on right side at the carina. Fig.3, Fibrooptic Bronchoscopy was also performed before going for Rigid Bronchoscopy under local Anesthesia. It also showed a shining white metallic foreign body impacted at the post wall of carina. Finally Karl Storz Rigid Adult Bronchoscope3 was passed under General Anesthesia and Foreign Body at Carina was disimpacted and a coin of one rupee was removed successfully. Bronchoscope was reinserted to see any other foreign body in Tracheobroncheal Tree and also removed granulation tissue from the site of foreign body impaction. Coin was rusted and covered with crusts. Patient was discharge next day with no comorbitidy.

DISCUSSION:
Tracheobronchial Foreign Bodies are common in children below the age of 5 years and also in elderly patients may be due to lack of dentition2. Presence of Foreign Body in a young patient with no history of aspiration, inhalation or an Episodes of Chocking as in
a current case is relatively rare. In this case apart from the vague complaint of chest discomfort there was no other proof of suspicion of foreign body in Trachea. Other distinct feature in this case is an impaction of coin in the trachea. The most other common foreign bodies usually recovered from trachea and bronchi are Betel nuts, Peanuts, Wistle and coin, Fractured Tracheostomy tube and Plastic whistle.

Most impressive feature of this case is an impaction of a coin at very uncommon site which is rare.

Clinical Feature of Tracheobronchial Foreign bodies are Dyspoea, Cough, Wheezing, Chocking and Fever. in long standing Foreign Bodies; it also causes Bronchitis, Pneumonia and lung collapse. None of the single above feature was present in this case.

Radiological evaluation of suspected foreign bodies in tracheobronchial tree is essential but it is not always diagnostic particularly in cases of nonopaque foreign bodies. Advantage of CT -SCAN is also there before performing bronchoscopy.

Fibreoptic Flexible Bronchoscopy under local anesthesia is also helpful in diagnosis and removing of small non traumatic Tracheo Bronchial Foreign Bodies. Advantage of Rigid Bronchoscopy for removal of Tracheo bronchial foreign bodies is already established, due to its large lumen; usage of large forceps for grasping and easily assisted ventilation under general anesthesia is always comfortable.

It is recommended that all the patients of respiratory symptoms with or without history of inhaled foreign body should be subjected to Diagnostic Bronchoscopy.

Bronchoscopy and removal of Tracheo bronchial foreign bodies is an expert operation and this procedure should be done by skilled hands.

It is a dangerous procedure with severe or sometimes fatal results. Expert Bronchoscoptist and expert Anesthetist with good Bronchoscopy instrument are mandatory.

REFERENCES: