

FOREIGN BODY IN THE BRONCHIAL TREE: ABOUT A CLINICAL CASE

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Healthy man with a history of accidental aspiration of a screw into the bronchial tree. Evolution with unappreciated cough and sputum, with late diagnosis of pneumonia. He underwent therapeutic rigid bronchoscopy,

evolving with extensive necrotizing pneumonia, hypertensive pneumothorax and pneumomediastinum requiring venous venous ECMO. Death on D6 of ECMO.



Figure 1

Thoracic x-ray showing the presence of a foreign body (screw) lodged in the right lower lobar bronchus (white arrow). Right inferior para-hilar condensation (blue arrow) suggestive of parenchymal complication.

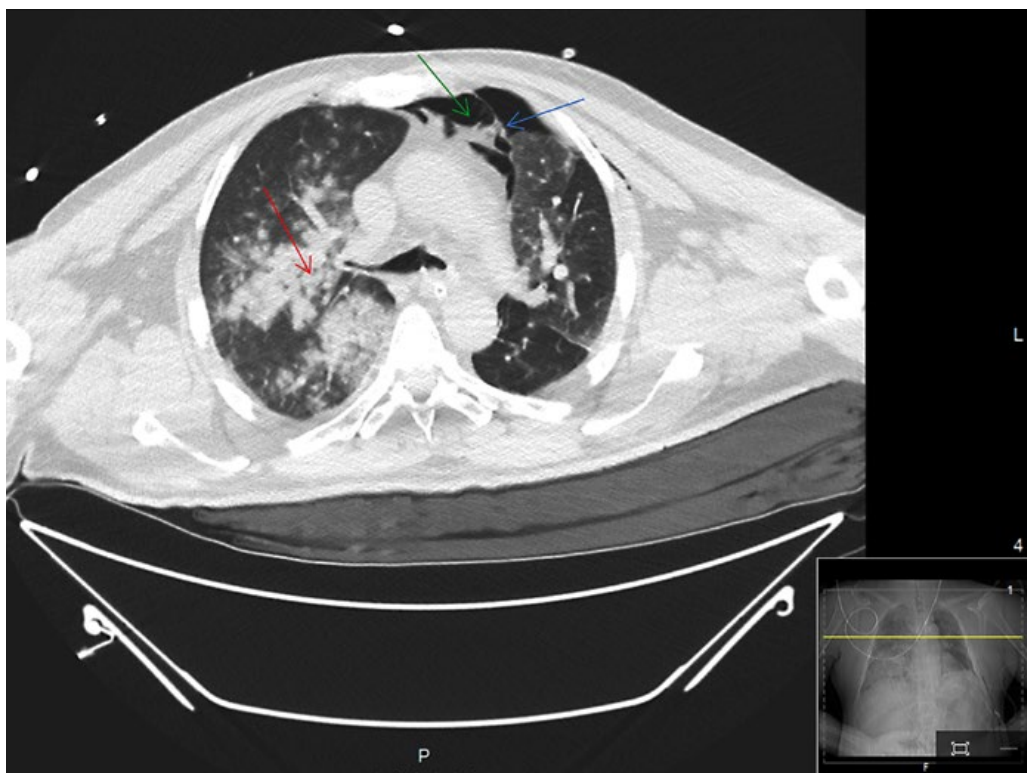


Figure 2

Thoracic computer tomography immediately after removal of the foreign body showing multiple parenchymal pulmonary densities in the context of extensive necrotizing pneumonia (red arrow), left pneumothorax (blue arrow) and associated pneumomediastinum (green arrow).