

Aspiration of a tweezer as a foreign body

Muhammad Hasham Sarwar MD, Divya Vangipuram Wyatt MD,
Benjamin Batson DO, Kenneth Iwuji MD

CASE

A 61-year-old woman with a past medical history of laryngeal cancer treated with laryngectomy and a chronic tracheal stoma presented to the Emergency Department with shortness of breath after accidentally inhaling a tweezer. The patient reports that she was cleaning her tracheal stoma when the tweezer fell in her tracheal stoma, and she started coughing. Emergency medical services were called, and the patient was put on supplemental oxygen through the

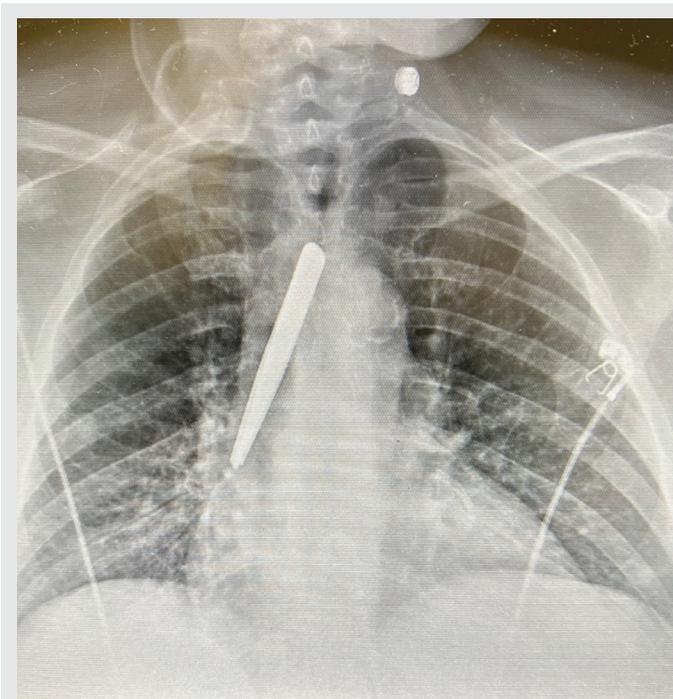


Figure 1. Chest x-ray reveals a tweezer in the right mainstem bronchus and mid trachea.

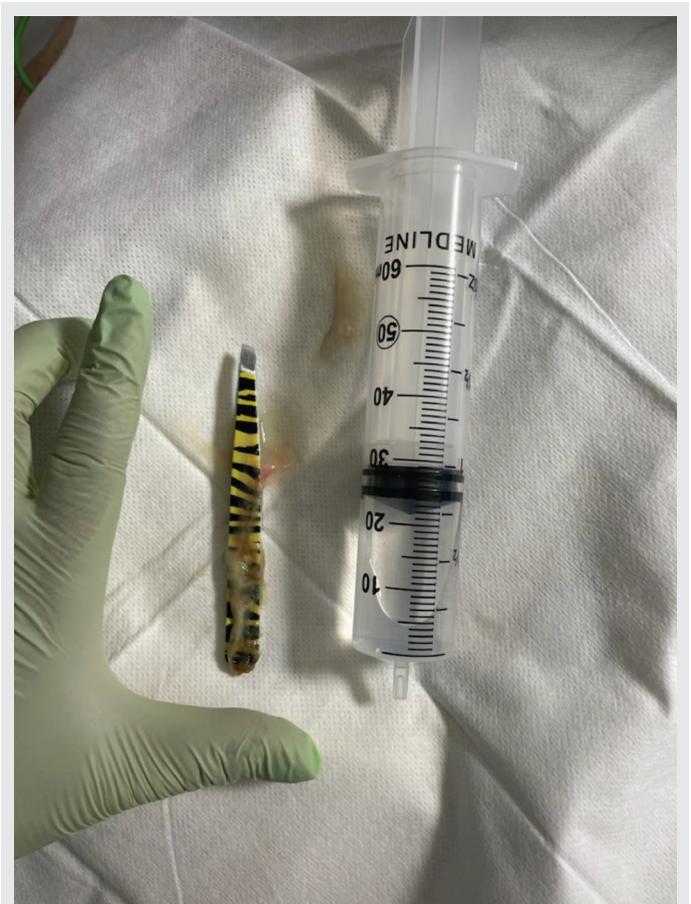


Figure 2. Displays the tweezer after removal from airway.

tracheal stoma and transported to the Emergency Department. Chest x-ray revealed 10×1.4 cm foreign body projecting over distal trachea and right mainstem bronchus (Figure 1). The pulmonary medicine service was consulted, and the patient underwent bronchoscopy the next morning. Alligator forceps was used to remove foreign body from mid trachea and right mainstem bronchus (Figure 2). Yellow and thick secretions were present in the right mainstem bronchus; the remaining airways were within normal limits. The patient was discharged home in stable condition on the following day.

Corresponding author: Hasham Sarwar
Contact Information: Hasham.sarwar@tuhsc.edu
DOI: 10.12746/swrccc.v10i45.1099

DISCUSSION

Aspiration of a foreign body is common in children but can also occur in adults, especially in older adults. Foreign body aspiration of large objects is rare in adults but the presence of a permanent tracheal stoma in a laryngectomized patient is an important predisposing factor. There have been case reports of aspiration of long tree twigs, wooden sticks, nails, and a tracheostomy cannula in patients with tracheal stomas. The presentation ranges from no symptoms to cough, dyspnea, hemoptysis, and even respiratory arrest. Clinical history and radiological examination with chest x-rays are usually enough for diagnosis, but in some cases advanced diagnostics, such as computed tomography scans and bronchoscopy, may be needed. Flexible bronchoscopy is the preferred method to diagnose and remove a foreign body. Early and complete removal of any foreign body is important to prevent complications. Patients with tracheal stoma should be educated on care of stoma to prevent accidental aspiration of foreign bodies.

Keywords: Aspiration, foreign body, tracheal stoma

Article citation: Sarwar MH, Vangipuram Wyatt D, Batson B, Iwuji K. Aspiration of a tweezer as a foreign body. *The Southwest Respiratory and Critical Care Chronicles* 2022;10(45):87–88

From: Department of Internal Medicine, Texas Tech University Health Sciences Center, Lubbock, Texas

Submitted: 9/25/2022

Accepted: 10/2/2022

Conflicts of interest: none

This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.

REFERENCES

1. Hashimoto K, Kaira K, Kobayashi K, et al. Spontaneous aspiration of a long tree twig as foreign body. *Respirology Case reports* April 2019;7(3):e00401.
2. Uzaslan E, Ursava A, Ediger D, et al. An unusual way of tracheal stoma cleaning could end up with foreign body aspiration in a laryngectomized patient. *Tuberk Toraks*. 2005;53(1):62–5.
3. San I, Alata N, Iynen I. Total larenjektomili bir olguda ilginç trakeobronial aspirasyon [An unusual tracheobronchial aspiration in a patient with total laryngectomy]. *Kulak Burun Bogaz Ihtis Derg*. 2002 Mar–Apr;9(2):139–41.