The Removal of an Endobronchial Foreign Body with the Fiberoptic Bronchoscope and Image Intensifier

To the Editor:

An endobronchial metallic foreign body not visible through the fiberoptic bronchoscope was removed with the aid of a fluoroscopic image intensifier. Reports of the removal of aspirated foreign bodies with the fiberoptic bronchoscope are not frequent.  

Case Report

A 14-year-old girl was admitted on June 17, 1976, with a history of having aspirated a pin seven days earlier, causing an immediate severe cough that had subsided three days prior to admission. On admission, the patient was asymptomatic. The results of laboratory tests were within normal limits. A chest x-ray film revealed the foreign body in the posterior basal segment of the right lower lobe, a position inaccessible to the rigid bronchoscope.

On June 18, under general anesthesia induced by intravenous administration of propanidid and with oral endotracheal intubation with a No. 34 F endotracheal tube, the fiberoptic bronchoscope (Olympus BF-5B) was introduced, and the subsegmental bronchi of the posterior basal segment were visualized. The foreign body was not visible, and the mucosa appeared normal. The biopsy forceps was directed under fluoroscopic guidance (Fig 1) toward the pin, which was removed in a manner similar to the removal of a coin with the rigid bronchoscope. The patient recovered uneventfully.

Discussion

The interesting feature of this case is the fact that with radiologic assistance the foreign body could be grasped even though it was not directly visible through the bronchoscope. This most valuable fluoroscopic aid is useful only with radiopaque foreign bodies. Endotracheal intubation permits the endoscopist to remove and reintroduce the bronchoscope repeatedly and provides a protective sheath for passage of the foreign body through the larynx, decreasing the risk of dislodgment. With the development of a new forceps for such specific purposes, it may be possible in the future to avoid bronchotomy for removal of foreign bodies.

Ventricular Fibrillation during Rectal Examination in a Patient with Acute Myocardial Infarction

To the Editor:

In the presence of acute myocardial infarction, rectal examination is considered dangerous, although there is no documentation of the actual risk. Based on the absence of complications in a study of 86 patients, Earnest and Fletcher1 recommended a routine rectal examination for patients with acute myocardial infarction, in order to detect fecal impaction, occult blood, and prostatic enlargement; however, Bilbro2 reported syncope, probably due to vagal stimulation, after prostatic exami-