2 Greenfield LJ, Jay SJ. Immediate management of massive pulmonary embolism. Chest 1982; 82:775

Breakage of Alligator Forceps In Transbronchial Biopsy

To the Editor:

In their letter in the June issue (Chest 1984; 85:837), Malik and Behera describe a rare complication during fiberoptic bronchoscopy: the breakage of the biopsy forceps. We have recently come across the same complication while performing a transbronchial biopsy.

We were trying to obtain a specimen following Zavalai's technique for transbronchial biopsy with an Olympus BT-B3R bronchoscope and an alligator forceps (Olympus FB 15 C) in a 55-year-old woman whose chest film showed a pulmonary solitary nodule in the right lower lobe.

Upon the retrieval of the first sample we noticed that a forceps' jaw was missing. A chest film showed the broken fragment within the nodule (Fig 1). Using an identical forceps we obtained three more samples that established the diagnosis of adenocarcinoma. When thoracotomy was performed, this diagnosis was confirmed and the broken piece recovered.

Usual complications of transbronchial biopsy are well known: bronchial bleeding and pneumothorax, exceptionally fatal bleeding. However, in our review of the literature we have not found any reference to this rare complication. In our patient the fracture of the forceps jaw can only be attributed to an intrinsic metal defect and not to overuse metal fatigue as suggested by Malik and Behera, since our forceps had only been used twice before.

J. F. Masa-Jimenez, M.D.; H. R. Verea-Hernando, M.D.; M. T. Martin-Egana, M.D.; J. Fontan-Bueso, M.D., Respiratory Unit, Juan Canalejo Hospital, La Coruña, Spain

REFERENCES
1 Zavalai DC. Flexible fiberoptic bronchoscopy. Iowa City: University of Iowa 1978; 87-92

To the Editor:

The interesting complication reported by Malik and Behera (Chest 1984; 85:837) may be unusual, but perhaps not as rare as appears from the paucity of published reports. Similar complication occurred to me several years ago while trying to extract a piece of peanut from the left bronchus of a child using a stiff pediatric bronchoscope (3 mm diameter) and a Pilling extra small grasping forceps. As in Dr. Malik's case, no unusual force had been exerted. Figure 1 shows the broken forceps. Chest roentgenogram with the retained metallic fragment is shown in Figure 2.

Great care must be exerted while using these instruments either for a biopsy or for extraction of a foreign body. Before each use they should be examined carefully for any signs of cracks or rust. Some of these complications can be prevented, but when they occur they should be reported. This would serve as a warning, and would help to find out the true incidence of this unfortunate occurrence.

Doc Weissberg, M. D., F.C.C.P., Department of Thoracic Surgery, E. Wolfson Hospital, Holon, Israel

FIGURE 1. Broken Pilling extra small grasping forceps.

FIGURE 2. Roentgenogram of a child showing the broken fragment from the forceps.