Background
Tracheobronchial foreign body (FB) is a common surgical emergency in childhood which can result in serious morbidity and mortality. The commonest age group involved in FB aspiration was 1 to 3 years of age. According to the National Safety Council, in 2016 the rate of fatal choking in American children below 5 years of age in the general population was 0.43 per 100,000. The surgical and anesthetic management can be challenging, with high risk of hypoxemia during the procedure.

Case Presentation
A 11-year-old girl complained of odynophagia after she alleged swallow a ball head pin while playing with the friends in the school. She vomited five times after the incident. She is comfortable and not in distress. Lateral view of neck X-ray suggested the FB in the airway. Flexible laryngoscopy showed a white colour round head pin which lodged over the anterior wall of trachea.

Discussion
The common presentations are coughing, dyspnea, wheezing, and less common, stridor and cyanosis. However, odynophagia is an usual presentation of FB lodged in the upper esophagus. Plain chest and neck radiography remains the initial imaging modality. Lateral view of neck radiography can aids in diagnosis, whether FB in upper esophagus or airway. Computed tomography scan can be considered in clinical suspicious cases but negative chest radiograph. Rigid bronchoscopy is preferred for removal of tracheobronchial foreign body under general anesthesia. Sevoflurane gas induction has significantly lower the incidences of side effects. No significant data proving the superiority of either spontaneous or controlled mode of ventilation. Positive-pressure ventilation may cause dislodgment of the foreign body distally and worsen the condition, causing complete obstruction and lung collapse. The major disadvantage of the spontaneous ventilation is maintaining the adequate depth of anesthesia to prevent patient from moving and coughing during the procedure. Despite on spontaneous ventilation, the foreign body was dislodged distally in this case. The recommended method for maintenance of anesthesia during bronchoscopy is continuous infusion of propofol and remifentanil.

Conclusion
In cases of suspected foreign body aspiration, two views plain radiograph is the most cost-effective and useful in aids of diagnosis. Rigid bronchoscopy under general anesthesia is a challenging procedure which remained as gold standard technique for removal of foreign body. Either mode of ventilation used should be at least risks and complications for the patient. Communication between anesthetic team and surgeon is essential for optimal outcome.

References