INTRODUCTION

Foreign body aspiration is a common cause of morbidity and mortality in children. Because of the high risk associated with overlooked foreign body aspiration, rigid bronchoscopy was often performed for definitive diagnosis & treatment. Repeated removal attempts are likely to result in increased complications. Therefore, the availability of a non invasive technique to locate the foreign body pre operatively would greatly minimise morbidity & mortality. Virtual bronchoscopy & CT chest is a new investigative technique & is particularly useful in locating non radiopaque FB missed on plain radiography.

AIMS AND OBJECTIVES: To Study Clinical profile of foreign body airway aspiration in pediatric patients. * Role of virtual bronchoscopy and CT chest, as an imaging modality vs XRAY chest in the effective diagnosis of foreign body airway.

MATERIALS AND METHODS

This was a retrospective and prospective study for a period of ten years. The subjects included patients [AGE 0-15YRS] who suspected foreign body aspiration airway aspiration and patients with SUDDEN ONSET severe respiratory distress. After taking detailed history and examination, patients with suspected foreign body aspiration were subjected to xray & virtual bronchoscopy & CT Chest. In confirmed cases, after taking high risk consent rigid bronchoscopy was performed. Data has been presented in the form of charts and graphs.

RESULT AND DISCUSSION

• In the present series we observed that Male to Female Ratio was 3:1.
• In the present series maximum no of cases i.e. 70% were from the rural areas, while from urban areas 30%
• Maximum incidence of foreign body aspiration was in the age group of 1-5yrs.
• 53% of the patients had a definitive history of foreign body aspiration as compared to 37% who did not give a definite history in our studies, maximum no of cases of i.e. 27% were betel nut followed by ground nut 24%.
• 32% of the patients turned to hospital within 24 hours after inhalation of FB, while 20% of the patients came after five or more days. Only 4% patients came within 6 hrs.
• 49% of the patients had oxygen saturation between 80-90%, while only 15% had saturation below 80%.

CHEST RADIOGRAPH IS NORMAL IN AS MANY AS 40% CASES. HENCE NEGATIVE RADIOGRAPH DOES NOT RULE OUT FB.

FEW INTERESTING CASES

MOVING FOREIGN BODY BETEL NUT
FOREIGN BODY PEN PART
IMPACTED LEFT UPPER Lobe FOREIGN BODY STONE

PLASTIC WHISTLE
FOREIGN BODY OESOPHAGUS TO BRONCHUS
GLOTTIC FOREIGN BODY FISH BONE

CONCLUSION

Multidetector computed tomography virtual bronchoscopy is a sensitive and specific diagnostic tools for identifying non radioluscent vegetable and non vegetable foreign bodies.

VB will never replace actual bronchoscopy (gold standard) but it can assist & can give additional information & more better term is complementary method in pre-operative diagnosis of FB in airway.

This helps quicker and accurate diagnosis of foreign body airway.

REFERENCES

1. [Note: The references are not visible in the image, so they cannot be transcribed here.]

2. [Note: The references are not visible in the image, so they cannot be transcribed here.]