

Endobronchial pulp-canal reamer extracted with the fiberoptic bronchoscope

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The fiberoptic bronchoscope has been used to extend diagnostic and therapeutic utility beyond that of the rigid instrument. Flexible bronchoscopy has also been reported as the procedure of choice in extracting small or slender foreign bodies, which usually are lodged in segmental or subsegmental bronchi.¹ The successful extraction of an aspirated pulp-canal reamer is presented.

Case report

A 45-year-old man had had an unproductive and persistent cough for two weeks, after aspiration of a pulp-canal reamer. A chest radiograph revealed the aspirated object lodged in the posterior basal segment of the lower left lobe (figure). Because the object was inaccessible to the rigid bronchoscope, the patient was referred to a surgeon with a view to thoracotomy. He invited us to try to remove the foreign body before considering surgery. After local anaesthesia, a fiberoptic bronchoscope (Olympus BF-1T) was introduced through the mouth. The object was not directly visualised, but using fluoroscopy the pulp-canal reamer was grasped by standard forceps and extracted.

Discussion

Eighteen cases of extractions of various kinds of endobronchial foreign bodies by biopsy forceps have been reported.¹⁻⁴ Among them four publications deal with aspirated metallic instruments. In all of them the foreign body was inaccessible to the rigid bronchoscope and fluoroscopy was used.¹⁻³ The use of the fiberoptic bronchoscope should be considered when the foreign body cannot be removed by the rigid instrument. Opaque objects may be extracted with the aid of fluoroscopy. Fiberoptic bronchoscope extraction of foreign bodies presents less risks⁵ than surgical procedures.

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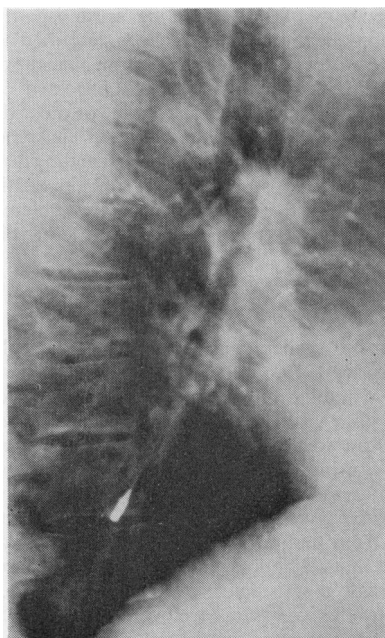


Figure Radiograph showing the position of the pulp-canal reamer.

References

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