Inappropriately inhaled bronchodilators

SW COPPACK, MK GILLET, PD SNASHALL

From Charing Cross Hospital, London

Inhalation of foreign bodies is a well recognised problem but, surprisingly, the aspiration of tablets is rarely reported. There have been two reports in foreign publications of aspiration of sustained release tablets, which because of their formulation can remain intact in the respiratory tract for prolonged periods. We report two cases in which sustained release bronchodilator tablets have been aspirated.

Case reports

Case 1
An 85 year old asthmatic man was admitted to Charing Cross Hospital complaining that four days previously he had choked on a slow release tablet of salbutamol 8 mg (Ventolin Spandet). After this episode he had developed increasing dyspnoea and cough productive of green sputum. He had never noticed any previous difficulty in swallowing food, liquid, or other tablets but he had noticed that Ventolin Spandets tended “to stick in the throat.”

On admission he was afebrile but tachypnoeic, cyanosed, and in atrial fibrillation. In addition to signs of airways obstruction and of right apical fibrosis he had diminished breath sounds and coarse cracks at the right base. Investigations showed an FEV₁ of 0.45 litres and a forced vital capacity (FVC) of 0.81. Culture of the sputum grew normal flora only. Chest radiography showed overexpanded lungs, with right apical calcification suggestive of previous tuberculosis, tracheal deviation to the right, and a rectangular opacity (4 x 10 mm) in the lower part of the right main bronchus.

A tablet was removed with a rigid bronchoscope. Thereafter the patient improved, the FEV₁ rising to 0.81 and the FVC to 2.31.

Twenty one months later the patient presented after he had inhaled another spandet four weeks previously. He had no cough and no new focal signs in the chest. He was dyspnoeic with FEV₁ 0.51 and FVC 1.55. No foreign body was visible on a chest radiograph taken on admission to hospital, but a subsequent film showed an opacity similar in shape, size, and position to that seen on the previous occasion.

The plastic matrix of a Ventolin Spandet was removed through a rigid bronchoscope. His respiratory function subsequently improved (FEV₁ 0.81, FVC 2.05). When swallowing tablets he tended to throw his head violently backwards. A barium swallow showed normal appearances.

Address for reprint requests: Dr MK Gillett, Charing Cross Hospital, London W6 8RF.

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References

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