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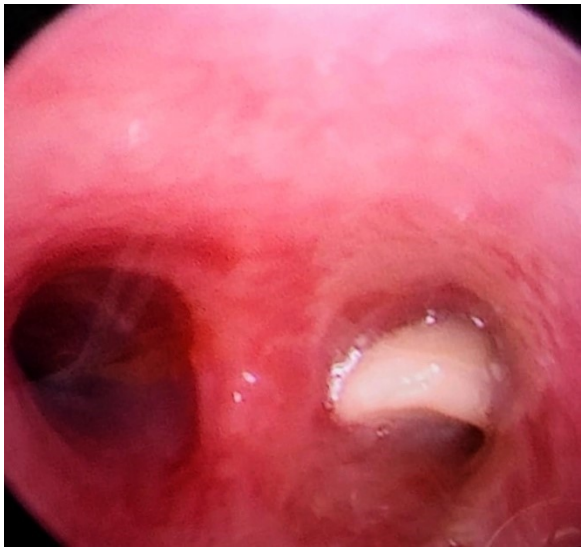
ANSWER: FOREIGN BODY (PEANUT) LODGED IN RIGHT MAIN BRONCHUS

Computed tomography of the chest confirmed the presence of a foreign body in the right bronchus. The child was brought to the operating theatre for Direct laryngoscopy and bronchoscopy. Intraoperatively, a whitish foreign body was occluding the entire right main bronchus (Figure 2). The foreign body (inhaled peanut), was removed in total using optical forceps and repeated bronchoscopy performed showed no residual with intact mucosa over the tracheal and bronchial mucosa. The child was observed one day post-surgery and was subsequently discharged home with a one-week appointment.



Paediatric airway foreign body is not an uncommon entity in day-to-day medical practice, especially in children below three years of age.[1] It is an airway emergency that needs to be dealt with and managed thoroughly. Traditionally, a child with a foreign body in the airway presents acute onset symptoms such as repeated coughs, choking, expiratory stridor, cyanosis, and even death. The symptoms also depend mainly on the size of the objects and the location where the foreign body lodges.[1,2]

Computed tomography is useful in detecting the presence and location of foreign body and the entire status of lungs can be outlined such as the presence of reactionary granulation tissue ensuing long-standing foreign body, hyperinflation of the affected lung which occurs due to the ball-valve effect: air becomes trapped due to permissible inhalation but restricted expiration results in hyperinflation of the affected side.[2,3]

Wheezing or expiratory stridor in a child, in the absence of fever, barking cough, and long-standing symptoms, rules out croup which is common in children aged between 1-5.[4] Paediatric pneumonia is another differential, as clinical presentations may be similar[5] though the incidence has decreased dramatically with extensive vaccination. COVID-19 has become a global pandemic whereby children have been equally afflicted as adults, and has to be ruled out.

CONFLICT OF INTEREST

The author(s) declared no conflict of interest in this work.

CONSENT

Consent has been obtained from patient and hospital authority to publish this article.

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