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Original Research Paper

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UNVEILING HIDDEN DANGERS: A CASE OF STRIDOR REVEALING AN UNFORESEEN TRACHEAL FOREIGN BODY

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ABSTRACT Iatrogenic foreign bodies are usually rare in the trachea, we present to you the case of a 67-year-old male patient who came to ENT OPD with complaints of Noisy breathing since 15 days. The patient underwent a tracheostomy 2 months ago and got decannulated 18 days ago after which the patient started to develop noisy breathing. Video laryngoscopy was done and a foreign body was identified in the trachea, suspected to be a surgical Gauze piece which was moving with respiration. A bronchoscopy was done to confirm the foreign body and found to be a surgical gauze piece stuck to the anterior wall of the trachea. Later Exploratory Tracheal exposure was done and gauze piece was removed and a tracheostomy was also done. After post-op follow-up, the patient was decannulated and the patient was stable. Post-op Bronchoscopy & VLS was done and the tracheal wall was healed.

KEYWORDS : Iatrogenic foreign body, Surgical gauze aspiration, Tracheal foreign body, Foreign body removal, Gossypiboma.

INTRODUCTION:

Iatrogenic tracheal foreign bodies are quite rare which often leads to tracheal obstruction. Usual symptoms include cough, stridor, wheeze, dyspnoea and even death if the obstruction is severe. If the obstruction is mild then it might delay the diagnosis and even get misdiagnosed as having asthma[1] and gets repeatedly treated with asthma medications. Surgical gauze left inside the patient during a surgical procedure is called Textiloma or Gossypiboma.

Case Report:

A 67-year-old male patient came to ENT OPD with complaints of noisy breathing since 15 days. The patient initially had a history of Expiratory Stridor and Later developed Bi-Phasic Stridor since 3 days. The patient underwent Tracheotomy 2 months ago and got Decannulated 18 days later after which the patient started developing the Stridor.

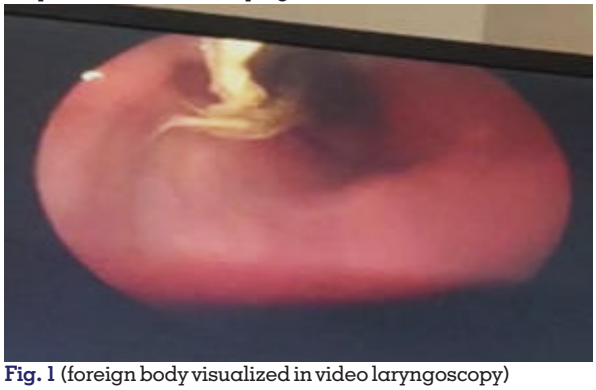

Fig. 1 (foreign body visualized in video laryngoscopy)

Video laryngoscopy (Fig.1) was done and a foreign body was identified in the Trachea at the Subglottis region suspected to be a surgical Gauze Piece which was it was moving with Respiration.

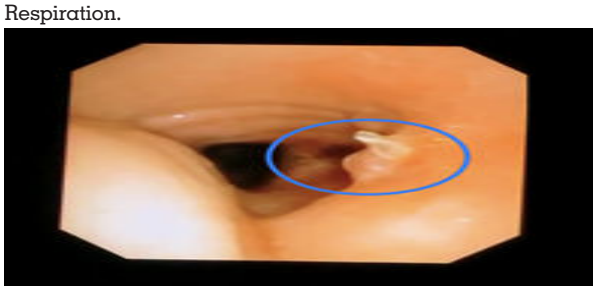

Fig. 2 (foreign body visualized in bronchoscopy)

Bronchoscopy (fig.2) was done to confirm the foreign Body and it was found to be a surgical Gauze Piece stuck to the Anterior wall of the Trachea at the Level of T2- T3 (C6-C7) on the previous tracheostomy site.

Fig. 3 (foreign body removed from trachea)

Later Exploratory Tracheal Exposure was done by Dissecting the skin, subcutaneous tissue, Strap Muscles, Pre-tracheal fascia and then by Giving a Vertical incision over the Trachea and Gauze Piece was removed (fig.3) and Portex Tracheostomy tube was also placed.

Antibiotics were started post-operatively and on POD-2 Tracheostomy Portex Tube was changed to Metal Tube.

On follow-up after 2 weeks, Decannulation was done followed by Post-Op Bronchoscopy which showed that the Tracheal wall got Healed.

DISCUSSION :

Gossypiboma is a medical term used to describe the situation where a surgical sponge is unintentionally left inside a patient's body. This term originates from the Latin word "gossypium," which means cotton, and the Swahili word "boma," signifying a hidden place. Another frequently employed synonym for this condition is textiloma.[9]

Gossypibomas are infrequent yet potentially significant complications that can occur after surgical procedures. The estimated occurrence rate is approximately one instance for every 5,500 to 19,000 surgeries.[7]

The most common type of aspirated foreign bodies are nuts like hazel-nuts4, Peanuts and Headscarf pins etc. Or failing to remove the throat packs placed during ENT surgeries or

during intubation5 or less commonly, swallowing of the throat packing[6]

Signs and symptoms[2] of tracheal obstruction may be mistaken for a variety of other disorders like asthma, chronic bronchitis or pneumonia etc.

Physical assessment findings comprise of elevated body temperature, stridor, visible inward chest contractions, and diminished respiratory sounds.

Utilizing radiographic scans could offer assistance in cases where the foreign body appears on X-rays[3]. Imaging studies with negative results, nevertheless, do not rule out the possibility of a foreign object being present in the airway. As the duration of a foreign object's presence in the airway increases, there is an increasing likelihood of it moving further down the airway.[3]

Common appearance of retained surgical gauge includes fine linear radio-opacity and associated mottled air or mass effect or density over adjacent soft tissues.[8]

Forgotten or missed foreign bodies such as cotton, surgical gauze or instruments after any surgical procedures are associated with several legal problems.

Prevention of such mishaps is only possible with the proper attention of the Surgeon and keeping a count on the gauze pieces used along with the usage of Gauze which contains radiopaque wire for easy identification.

CONCLUSION:

Retained foreign bodies go unrecognized for years. Gossypiboma is a rare but important issue that can happen after surgery, having both medical and legal implications. It may manifest either through observable signs such as suspicious growths on radiographic images, endoscopies or through airway pathology symptoms. Because of this, it's crucial to think about gossypiboma when trying to figure out puzzling signs related to the airway, and also when dealing with recurring instances of dyspnea despite treatment or pulmonary infections in individuals who have experienced thoracic surgery.

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