

[PICTURES IN CLINICAL MEDICINE]

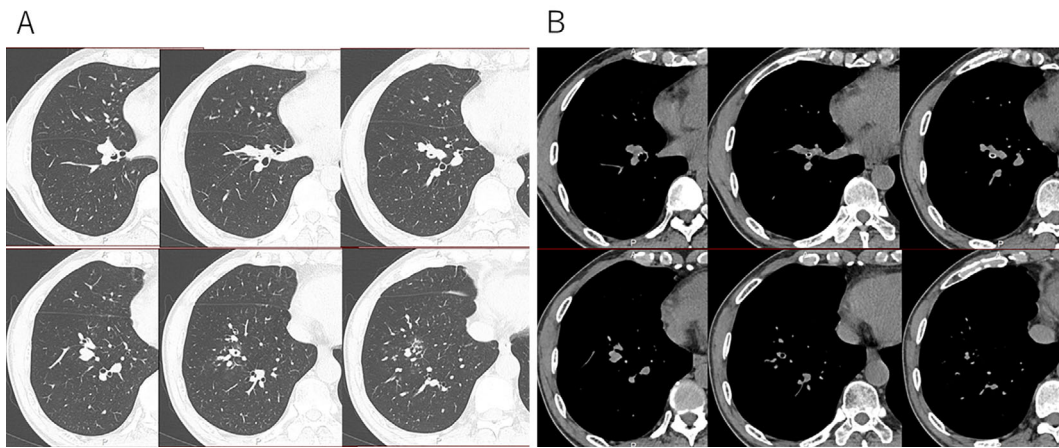
Unexpected Bronchial Foreign Body Aspiration

Manabu Suzuki¹, Eriko Miyawaki^{1,2}, Masayuki Hojo¹ and Haruhito Sugiyama¹

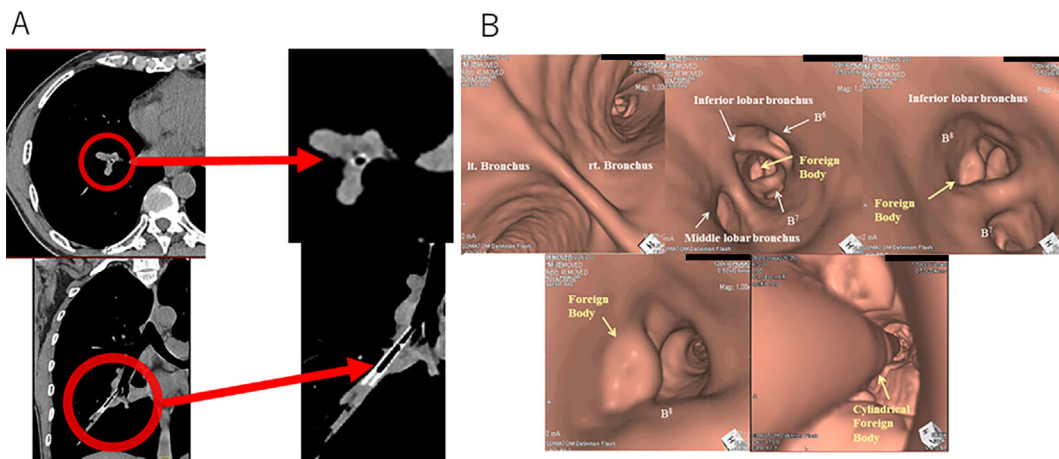
Key words: bronchial foreign body aspiration, Japanese spiny lobster antenna, cough variant asthma, virtual bronchoscopy

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Picture 1.



Picture 2.

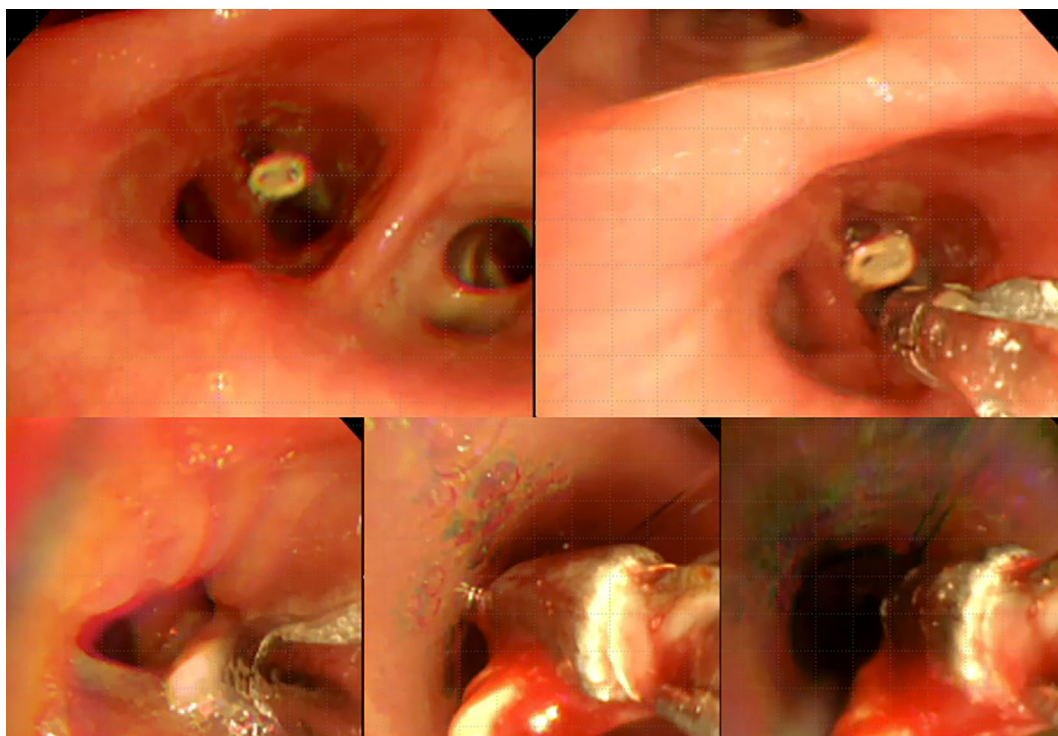
A 58-year-old man with throat discomfort and a persistent cough visited his general practitioner, who prescribed inhaled corticosteroid/long-acting beta agonist therapy under the diagnosis of cough variant asthma. The patient's symp-

toms did not improve after treatment, so he was referred to our hospital two weeks after the aspiration event. Computed tomography showed a ring-shaped calcification lesion suggesting a foreign body in the right B³ bronchus (Picture 1).

¹Department of Respiratory Medicine, National Center for Global Health and Medicine, Japan and ²Division of Thoracic Oncology, Shizuoka Cancer Center, Japan

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Correspondence to Dr. Manabu Suzuki, manabu@nms.ac.jp



Picture 3.



Picture 4.

A cylindrical foreign body was detected in the right B⁸ bronchus (Picture 2). Flexible bronchoscopy was performed to remove the object, which was found to be part of a Japanese spiny lobster antenna that had invaginated the right B⁸ bronchus (Picture 3). The antenna was removed with a straight grasping forceps (Picture 4). After bronchoscopy, the patient's symptoms disappeared.

The patient thought that the Japanese spiny lobster antenna also contained edible flesh, therefore attempted to eat it. When he sucked on the antenna in order to draw out the lobster meat, he choked and it is presumed that he accidentally swallowed the antenna. At that time, he presumed that he had spat out the antenna because he coughed severely after inhaling the meat of the Japanese spiny lobster antenna. However, the symptom of throat discomfort persisted, and he immediately visited an otolaryngologist. An examination

laryngofiberscopy revealed no evidence of abnormality. Thus, he did not think that he had accidentally inhaled the antenna.

Initially, we considered it unlikely that the patient would have aspirated a Japanese spiny lobster antenna. This case therefore reminds us of the importance of interviewing the patient about their medical history in detail. And then we think that virtual bronchoscopy can help to determine the shape and exact location of foreign bodies and facilitate safer and more effective treatment (1-3).

The authors state that they have no Conflict of Interest (COI).

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