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CLINICAL IMAGE

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Pull-up surprise: Chronic foreign body aspiration

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Key message

Foreign body aspiration is rare in adults but can be life-threatening. This case highlights the subtlety of chronic foreign body aspiration presentation and the importance of judicious use of radiological tool and comprehensive history-taking especially in patients with chronic cough.

KEYWORDS

asthma, bronchiectasis, bronchoscopy, foreign body aspiration, pneumonia

A 20-year-old male, with history of childhood asthma, presented with dyspnea, left-sided chest pain, and fever spanning 2 weeks. He also reported night sweats of 2 months and dry cough of at least 2 years.

He was treated as pneumonia, but radiological assessment via computed tomography (CT) Thorax showed: a substantial left-sided loculated pleural effusion alongside an enlarged left hilum with an associated mass containing curvilinear calcification (Figure 1). This calcification was unusual and this prompted a review using reconstruction of the CT scan via bone window. This displayed an intriguing morphology of the calcification (Figure 2). Subsequent bronchoscopic exploration confirmed the presence of an endobronchial mass (Figure 3). After multiple biopsies, a foreign body was revealed; half of a pull-up can (Figure 4). This revelation was substantiated by the patient's admission of a previous habit of chewing pull-up cans. Rarely, only half was spat out. He denied choking episodes but realized his dry cough could have started since then, which possibly coincided with his diagnosis of asthma. Clinically he improved but residual localized bronchiectatic changes on follow-up CT scan was suggestive of a complicated recovery (Figure 5).

This case highlights the subtlety of chronic foreign body aspiration presentation and the importance of judicious use

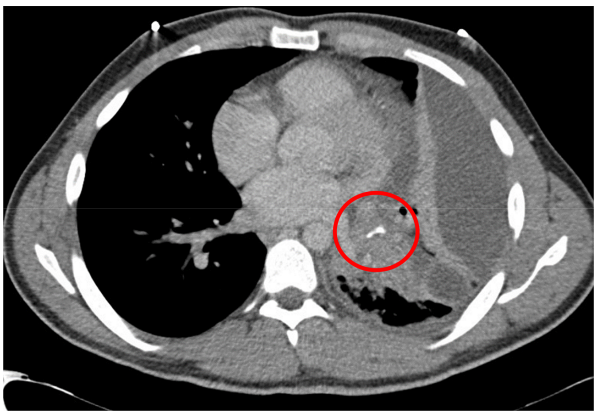

FIGURE 1 Initial computed tomography thorax which showed a curvilinear calcification in the mass.

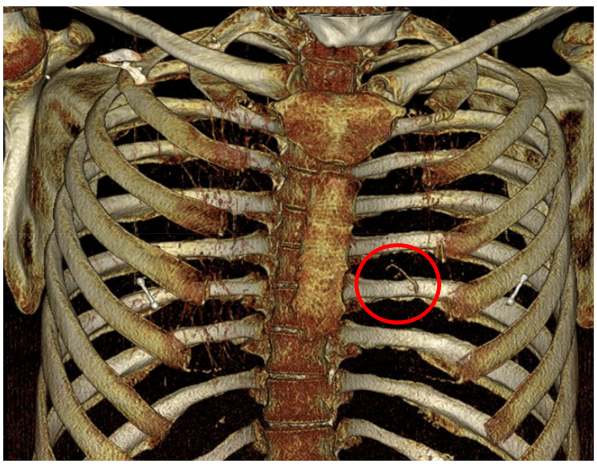

FIGURE 2 Reconstruction of computed tomography thorax using bone window revealed an unusual appearance at where the lesion was.

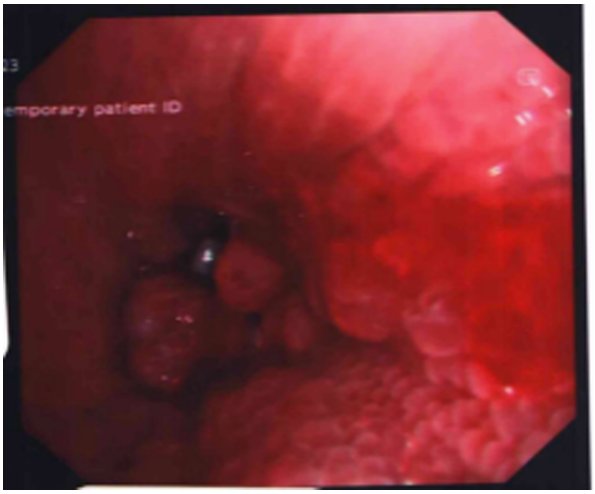

FIGURE 3 Endobronchial mass seen through bronchoscopy.

FIGURE 4 Half of pull-up can removed using bronchoscopy.

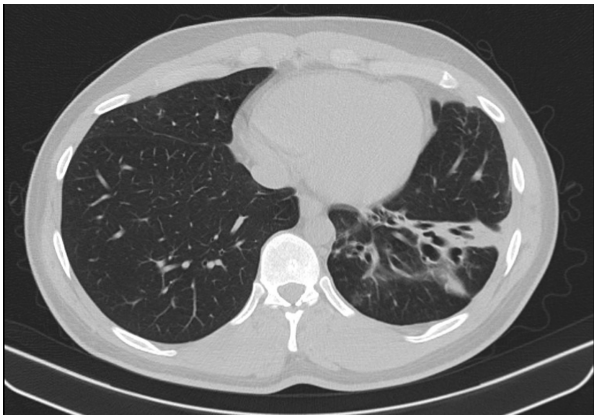

FIGURE 5 Residual localized bronchiectasis on follow up computed tomography thorax.

of radiological tool and comprehensive history-taking especially in patients with chronic cough.

AUTHOR CONTRIBUTIONS

Dzufar Halim (First author) was involved in the care of the case, conception and design of the case report, and drafting of the manuscript. David Breen (Second author) was the primary clinician for the case, oversight/supervisor of the case report, securing patient consent and final approval of the version to be submitted.

CONFLICT OF INTEREST STATEMENT

None declared.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

ETHICS STATEMENT

The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

CONSENT FOR PUBLICATION

A written informed consent for publication was obtained from the patient of this article and accompanying images.

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