

Happy Easter!

David Austin

TO THE EDITOR: On Easter Sunday, the registrar from our intensive care unit was called to the emergency department to assess a 20-year-old woman with hypoxia, haemoptysis and respiratory distress. She was 10 weeks' pregnant.

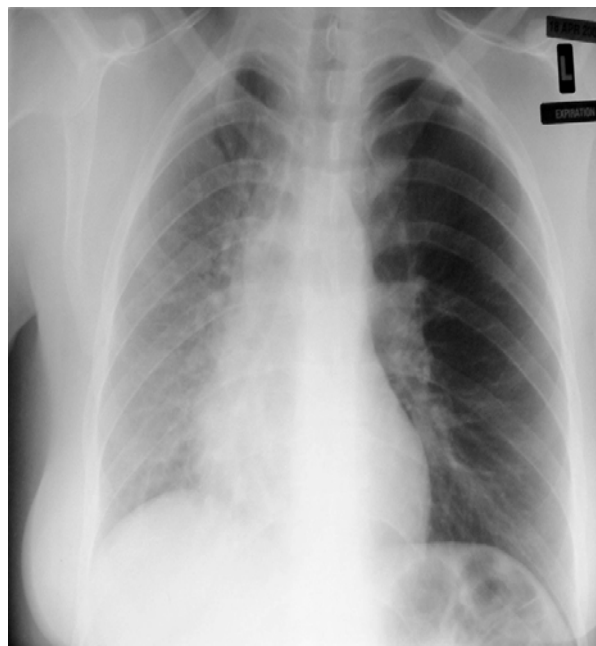
The patient had a past history of asthma requiring inhaled salbutamol. She had not been admitted to hospital previously, nor used corticosteroids (oral or inhaled). She had first presented to the emergency department the previous day as, after using her salbutamol inhaler, she had become suddenly and increasingly "wheezy". She was treated with nebulised salbutamol. A chest x-ray was reported as normal, and she was discharged home.

She re-presented at 02:00 that night with hypoxia (SpO₂ of 78% while breathing air), haemoptysis and respiratory distress. A second chest x-ray demonstrated "a difference in her two lungs", according to the emergency department house surgeon, and the ICU registrar was called to assess her. We suspected an inhaled foreign body and so admitted her to the ICU on oxygen. We referred her to the local general surgeons for assessment and possible rigid bronchoscopy.

As providence would have it, the on-call surgeon was unable to perform a rigid bronchoscopy, and bad weather prevented the patient's transfer by helicopter to a tertiary centre. We elected to keep her in the ICU for the rest of the night, and treated her with nebulised lignocaine, which dramatically decreased her cough and respiratory distress. With the lignocaine and administration of oxygen (6 L/min) via Hudson mask, the SpO₂ returned to normal, she settled and was much more comfortable. Because of concerns about intubating a pregnant patient with a suspected inhaled foreign body, and the rapid resolution with nebulised lignocaine, we elected to observe her without further intervention until morning.

The next morning she was transferred to a tertiary centre where she underwent rigid bronchoscopy under general anaesthesia. The bronchoscopy revealed two large pieces of foil occluding the left lower-lobe bronchus. These were successfully removed, and the patient made an uneventful recovery.

Figure 1. Chest x-ray in a patient with sudden onset of respiratory distress



The chest x-ray demonstrated obstructive emphysema of the left lung. The cause was an inhaled foreign body. ◆

Shortly before onset of her symptoms, her 2-year-old son had eaten an Easter egg, and had rolled up the foil wrapping and apparently pushed it into "Mummy's" inhaler. When she next used the inhaler, she inhaled the foil. The chest x-ray (Figure 1) demonstrated obstructive emphysema of the left lung secondary to an inhaled foreign body.

This was an interesting case of an inhaled foreign body, and demonstrated the usefulness of nebulised lignocaine.

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