



# Foreign body in aerodigestive tract

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KCGMH



# Key point of evaluation

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- Material (What kind of foreign body?)
- Symptoms
- Timing
- Location



# Foreign Body Ingestion

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- Bones (mainly fish bone)
- Coins or battery – in children
- False teeth
- Meat – need consider esophageal anomaly
- Vegetable matter
  - Peanuts, bean



# Foreign Body Ingestion

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- Symptoms
  - Choking, coughing, dysphagia, sore throat, odynophagia
  - Dyspnea, persisted cough
- Physical exam
  - Saliva drooling, refuses swallowing
  - Wheezing, stridor



# Foreign Body

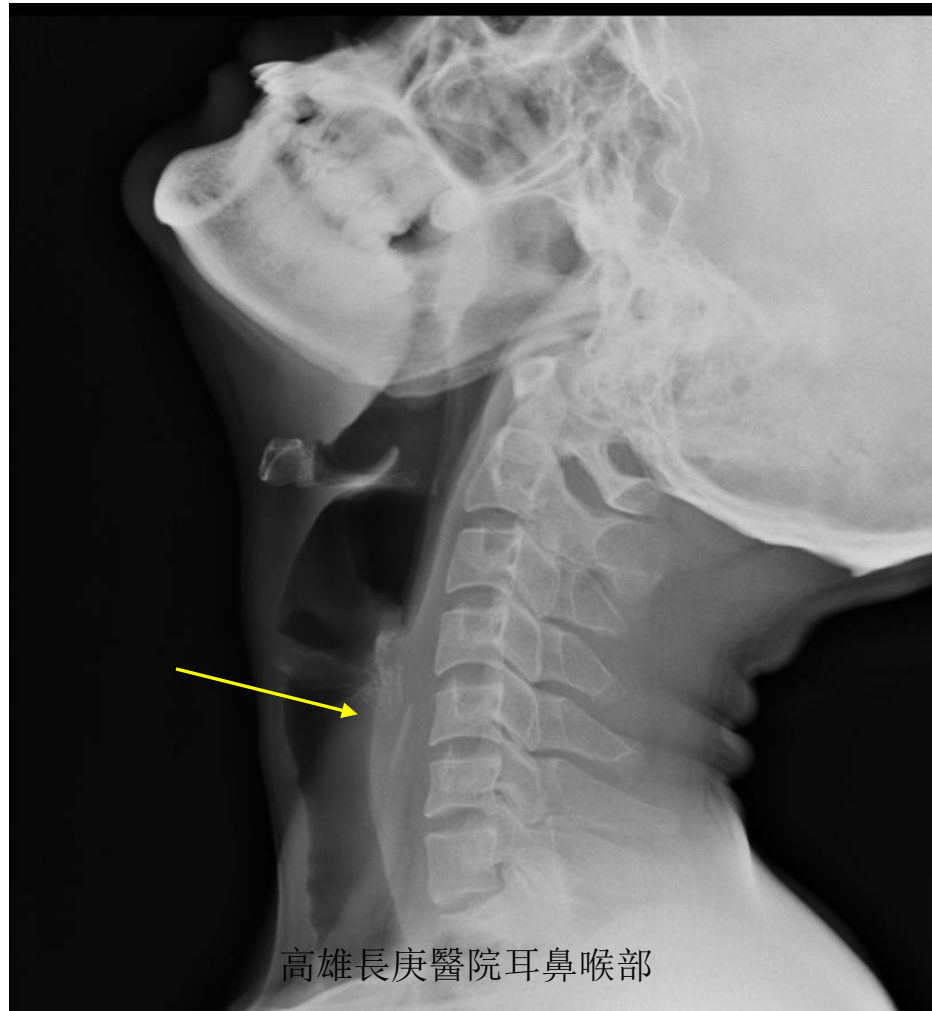
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- Common locations
  - Tonsils – most in children
  - Vallecula
  - Pyriform sinuses
  - Esophagus
    - Cricopharyngeus
    - Aorta/left mainstem bronchus
    - Gastroesophageal junction
  - Bronchus – right main dominant

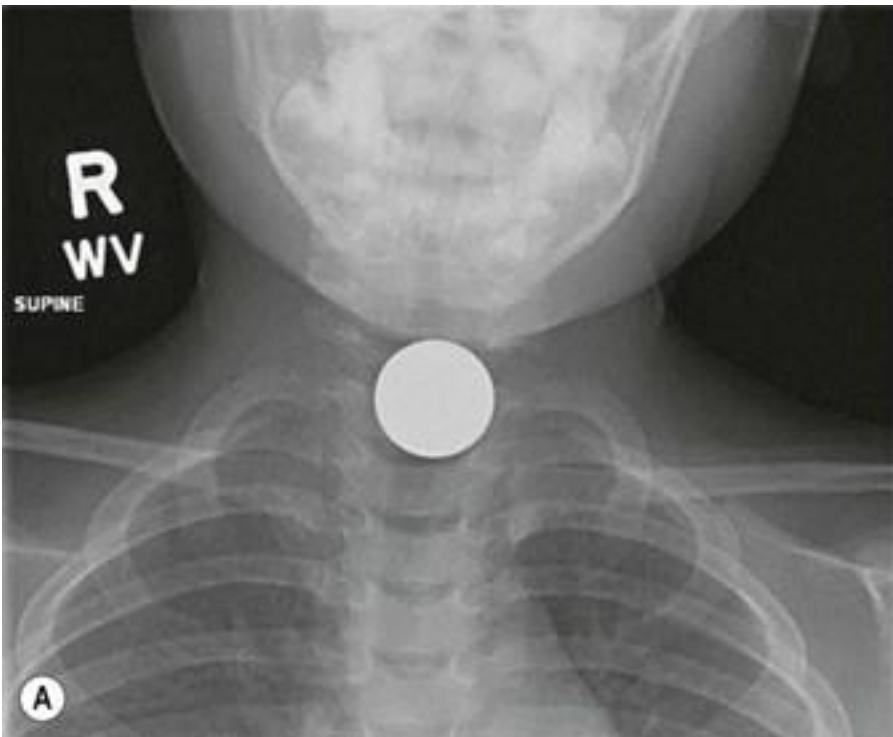
# Evaluation – direct



# Evaluation – neck lateral view

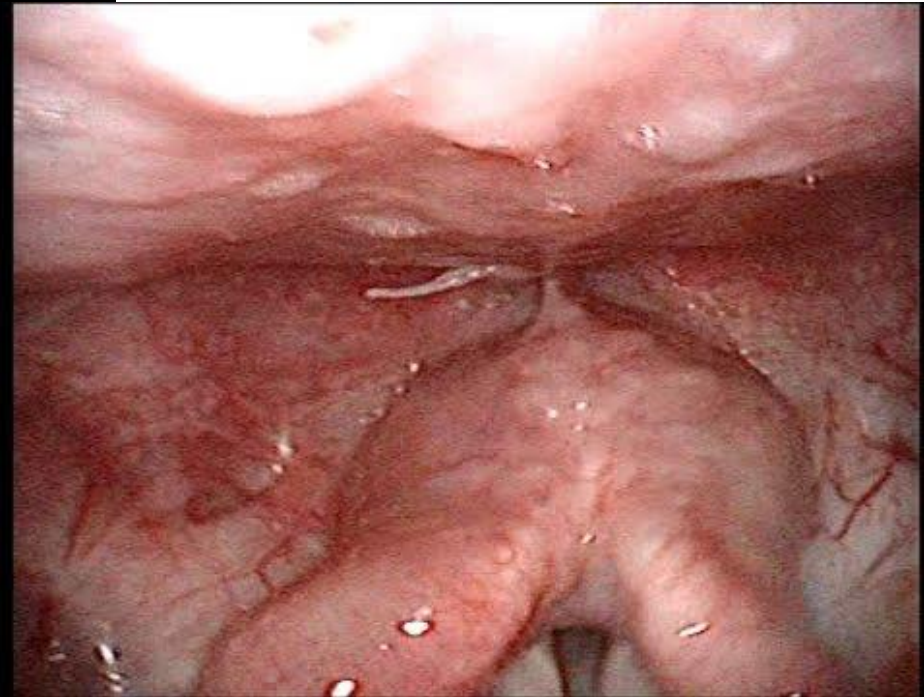


# Evaluation – CXR



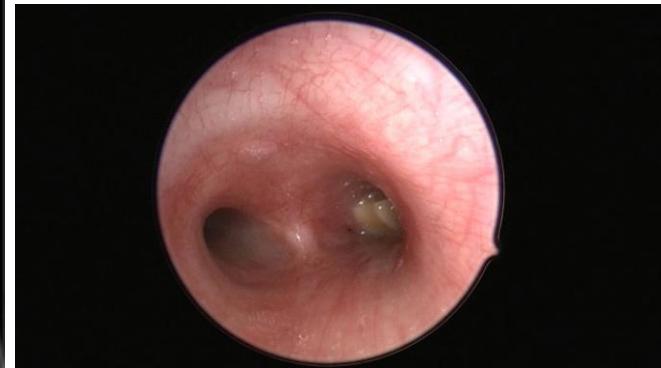


# Evaluation - laryngoscopy



# Further evaluation

- Panendosocpy
- CT scan
- Bronchosopcy



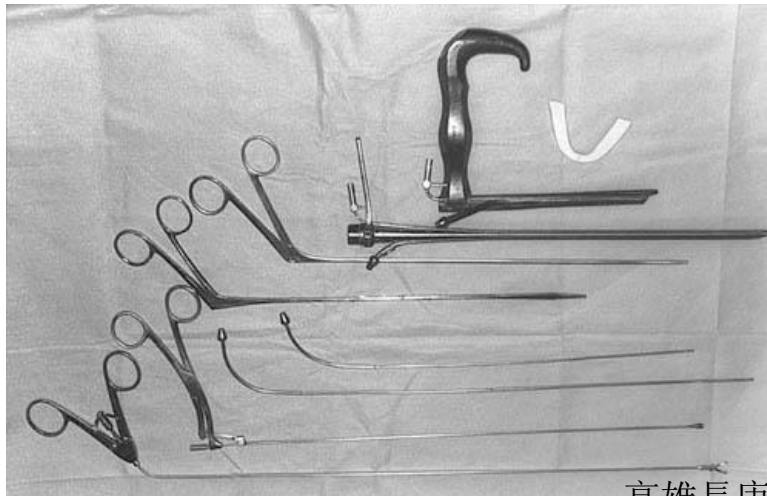
# Foreign Body removal

- Local anesthesia
  - Direct remove
  - Fiber bronchoscopy
  - PES
- Need be careful about airway



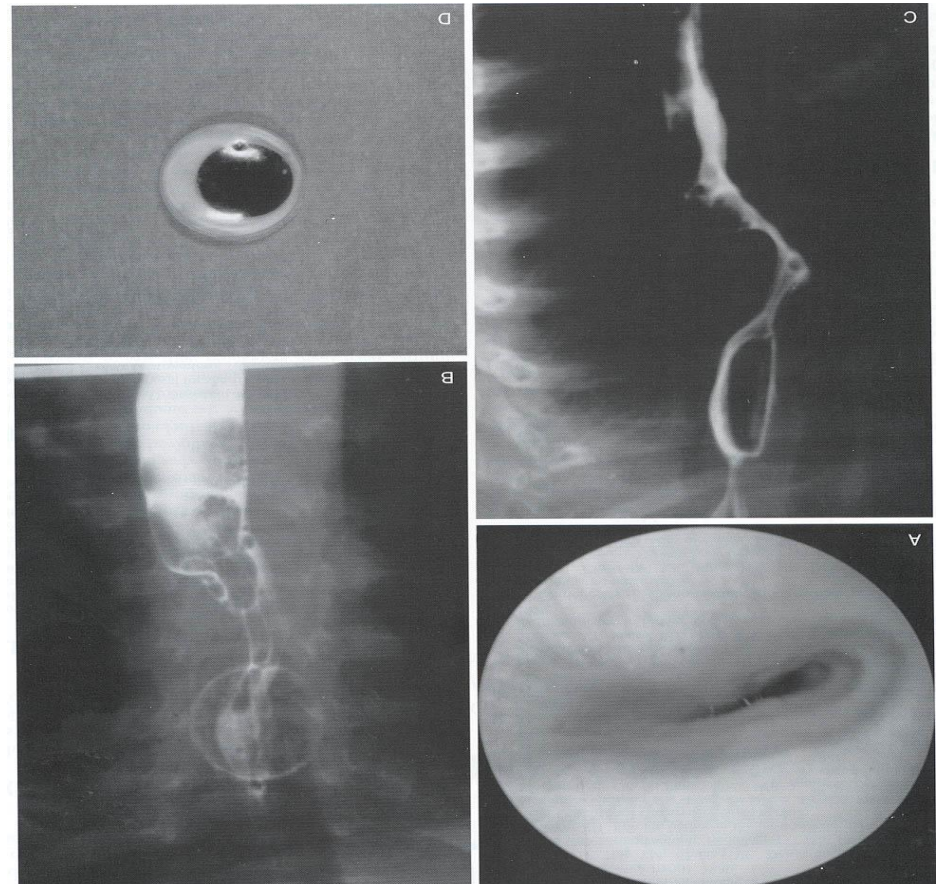
# Foreign Body removal

- General anesthesia
  - Rigid bronchoscopy
  - Rigid esophagoscopy
  - Open surgery



# Foreign Body Ingestion

- Barium Swallow
  - Radiolucent FB
  - r/o perforation





# Foreign Body Ingestion

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- Complication
  - Perforation of esophagus
  - Mediastinal abscess
  - Break of the aorta
  - Esophageal fistula/stricture



# Foreign Body Aspiration

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- Complications
  - Pneumonia
    - Antibiotics, physiotherapy
  - Atelectasis
    - Expectant management, physiotherapy
  - Pneumothorax
  - Pneumomediastinum
  - Airway compromised