

## 3<sup>rd</sup> WORLD CONGRESS ON

# **OTOLARYNGOLOGY - HEAD AND NECK SURGERY**

May 19, 2022 | Webinar

Received Date: 03-01-2022 | Accepted Date: 15-02- 2022 | Published date: 02-06-2022

## Foreign body aspiration in single center

### Alireza Malekzadegan, Majid-reza Akbarizadeh and Azzizullah Abbassi Dezfouli

Zabol university of medical Sciences, Iran Shaheed Beheshti university of medical Sciences, Iran

**Introduction:** Foreign body (FB) aspiration requires a high index of suspicion for diagnosis and prompt management to avoid morbidity and mortality. This retrospective study was conducted to review foreign body aspiration at single center south east of Iran.

**Materials and Methods:** The records of patients managed for foreign body aspiration from January 2011 to 2021 at the surgery Unit of Zabol University were retrieved and data summarized with respect to age, indications for bronchoscopy, nature of foreign body, location of foreign body and outcome of the bronchoscopy procedure.

**Results:** A total of 289 patients were managed within the ten-year study period. The commonly aspirated FBs were groundnuts, metallic objects and core of the fruits. The peak incidence occurred in children aged 2-4 years (59.86%) and the least is above 12 years of age (3.11%). The foreign bodies (FBs) are most common placed in right main bronchus (47.75%). Foreign body in the Trachea had the most emergency, morbidity and tendency to convert to open procedure. 271 patients (93.77%) were successfully managed with first rigid bronchoscopy. For 12 patients (4.5%) second bronchoscopy was successful and in three patients (1%) third bronchoscopy was successful. Three patients converted to open Tracheotomy. After each failed bronchoscopy attempt the surgeon pushed the foreign body to right main bronchus and tried the next attempt a day later.

**Conclusion:** There may be more than one bronchoscopic attempt needed to extract the foreign body. If conversion is needed open removal of foreign body by vertical tracheotomy between 2-4 rings of trachea and extracting by the rigid bronchoscopy and prompt closure of the trachea and extubating after the procedure is safe.

#### **Recent Publications**

- 1. The first report of Enterobacter gergoviae carrying bla NDM-1 in Iran
- 2. The Ability of Carbon Dioxide-Derived Indices to Predict Adverse Outcome After Cardiac Surgery
- 3. Prevalence of quinolone-resistant uropathogenic Escherichia coli in a tertiary care hospital in south Iran

#### Biography

He is currently working as assistant professor at zabol university of medical sciences and he has a thoracic surgery subspeciality.

malekzadehgan@gmail.com