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An Interesting Cause of Recurrent Wheezing: A 13-Month-Old Baby Lived for 6 Months with Swallowed a Piece of Toy!

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Introduction: Foreign body aspiration and ingestion are important cause of morbidity and mortality in childhood. Misdiagnosis and delayed diagnosis are seen because of various clinical presentations.

Case Presentation: A 13-month-old boy was admitted to our outpatient clinic with a cough, respiratory distress and wheezing for 6 months. The patient was hospitalized to have a differential diagnosis of atypical wheezing and cough. In his past medical history, he was born with body weight of 4560 grams by C/S, as a term. His symptoms started with cyanosis and wheezing at 7-month-old after the suspicious toy aspiration. Bronchoscopy has been performed at the center where he had admitted because of suspicious foreign body aspiration. Tracheobronchial airways have been seen as unremarkable and no foreign body was seen in the airways. In the follow-up, in spite of inhaled corticosteroids, bronchodilators and antireflux treatments, his respiratory distress did not regress. There was no family history for atopy or chronic respiratory diseases. On physical examination, body weight was 10.5 kg (50-75p), body height was 72 cm (25-50p). Respiratory rate was 36 breath per minute, oxygen saturation was 98%. Pulmonary auscultation and other physical examinations were completely normal. Haematology, biochemistry, lung x-ray, sweat test and respiratory virus panel investigations were unremarkable. Immunoglobulin levels were in normal ranges for his age. TlgE and splgE levels of the patient were 29.2 IU/mL and 0.35 kUA/l, respectively. During the follow-up period, wheezing and tachypnea were developed, and crackles and rhonchus were heard on pulmonary auscultation. His respiratory symptoms were observed to be associated with the feeding. Therefore, it was thought to be foreign body in the gastrointestinal tract and endoscopy was performed for this reason. In the endoscopy, the small toy was removed from the stomach fundus with mesh snare. The patient's symptoms were improved after the procedure.

Conclusion: Patients should be detail evaluated for differential diagnosis of recurrent wheezing. In patients with suspected foreign body aspiration or ingestion, timely diagnosis, bronchoscopic and endoscopic removal should be performed to prevent serious life threatening complications.

Keywords: Child, foreign body aspiration, gastrointestinal, wheezing