Airway foreign body: a difficult and often neglected diagnosis in asthmatic child in emergency department

YH Tong and CC Lau

Foreign body inhalation is not uncommonly encountered in children. Diagnosis could be difficult if parent cannot recall any relevant clinical history. This is especially true for an asthmatic child as respiratory signs and symptoms are believed by most emergency physicians to be attributed to asthma alone. We present a case of inhalation of peanut to the left main bronchus in an asthmatic child who was initially misdiagnosed as exacerbation of bronchial asthma. Meticulous clinical history and careful physical examination supplemented by chest radiograph in full expiration would raise the clinical suspicion of an obstructing foreign body within the bronchial tree. The diagnosis was subsequently confirmed on bronchoscopy and the obstructing peanut was successfully removed. As emergency physicians, we cannot attribute respiratory symptoms in an asthmatic child to be due to asthma alone. In the presence of respiratory symptoms of acute onset, unilateral physical signs and radiological evidence of air-trapping, foreign body inhalation should be considered even in the absence of accurate clinical history. Prompt arrangement for bronchoscopy assessment is recommended. (Hong Kong j.emerg.med. 2002;9:217-220)

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