

European Respiratory Society Annual Congress 2013

Abstract Number: 4118

Publication Number: P1252

Abstract Group: 7.7. Paediatric Bronchology

Keyword 1: Asthma - diagnosis **Keyword 2:** Child **Keyword 3:** Bronchoscopy

Title: Unusual diagnosis of exercise induced dyspnea

Dr. Sarah 25909 Müller-Stöver sarah.mueller-stoever@kinderkrankenhaus.net MD ^{1,2}, Dr. Daniela 25910 Nolkemper dnolkemper@uke.de MD ², Prof. Thomas 25911 Rösch t.roesch@uke.de MD ³, Dr. Rainer 25912 Odendahl od@kjm-klingenberg.de MD ⁴, Dr. Frank 25913 Ahrens frank.ahrens@kinderkrankenhaus.net MD ^{1,2} and Prof. Frank 25920 Riedel frank.riedel@kinderkrankenhaus.net MD ¹. ¹ Pediatric Pulmonology, Altonaer Kinderkrankenhaus, Hamburg, Germany, 22763 ; ² Klinik Und Poliklinik Für Kinder- Und Jugendmedizin, Universitätskrankenhaus Eppendorf, Hamburg, Germany, 20246 ; ³ Klinik Und Poliklinik Für Interdisziplinäre Endoskopie, Universitätskrankenhaus Eppendorf, Hamburg, Germany, 20246 and ⁴ Pediatric Pulmonology, Private Practice, Lübeck, Germany, 23552 .

Body: We report on a preterm (34 wk) with mild respiratory distress syndrome, who developed RSV bronchiolitis at 4 mo of age. Afterwards noisy breathing was observed and tracheomalacia was diagnosed clinically. In addition recurrent bronchitis occurred, followed by tachydyspnea, cough and stridor on exercise. Asthma was diagnosed in view of positive family history and sensitisation to inhaled allergens in the patient. Therapy with fluticasone/salmeterol showed no improvement. Because of flow limitations of the large airways on lung function he was transferred to our clinic at the age of 6 years. Flexible bronchoscopy showed a comma-shaped narrowing in the upper sections of the trachea, a single-contrast esophagogram revealed a tumor compressing also the esophagus. A chest MRI suggested a tumor originating from the thymus, no evidence for a vascular malformation was found. CT was inconclusive, but showed thickened walls of the esophagus at upper thoracic aperture, also a second lumen was suspected. Endoscopy of the esophagus and endoscopic ultrasonography showed a flat foreign body, which had grown into the esophageal wall and had led to an inflammatory response with thickening of the wall. In two sessions, the endoscopic extraction was managed after beam therapy of the endoluminal ingrown tissue. The foreign body turned out to be a plastic closure. This case shows an unusually long persistence of a foreign body in the esophagus without significant dysphagia and reveals the importance of endoscopic examinations in case of unclear symptoms.