

European Respiratory Society Annual Congress 2012

Abstract Number: 2327

Publication Number: P2941

Abstract Group: 8.1. Thoracic Surgery

Keyword 1: Airway management **Keyword 2:** Bronchoscopy **Keyword 3:** Surgery

Title: Intrathoracic foreign bodies – A 11 year statistics

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Body: Introduction Although is very rare, the pathology of foreign intrathoracic bodies, either into the bronchial tree, chest wall or the pleural space is very challenging and can raise a series of problems, especially if we are dealing with debilitated patients. Method: In an 11 year period we had 20 admissions with different types of foreign intrathoracic bodies, with ages ranging from 16 to 75 years, with an m/f sex ratio of 17:3. The pathology was represented by 13 thoracic wounds with retention (glass, knife blades, needles, bullets), 3 foreign intra-bronchial bodies (1 syringe needle, 2 rocks), 4 intraoesophageal bodies (1 dental prosthesis, 2 copper wires, 1 bone). We performed thoracotomy in 9 cases, pleural drainage in 1 case, 1 bronchoscopy, wound explorations, one conservative treatment. The mean hospital stay was 11 days. Results: In all the cases the long term prognosis was excellent. We had 3 complications: pleural effusion managed by drainage in a case with esophageal perforation, aspiration pneumonia and prolonged fever. Conclusions: The foreign bodies are sometimes a challenge and the management requires a thoracic and abdominal surgeon, bronchologist, gastro-enterologist. Thoracotomy is the final solution of approach, minimally invasive surgery is required in most of the cases.