



ELSEVIER

No change in my asthma!

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History

A 57 asthmatic male attended the Emergency Department with a query inhalation/ingestion of a foreign body. When taking his prophylactic inhaler, the gentleman felt something hit the back of his throat; the foreign body appeared to have been lodged in the mouthpiece of his inhaler. He described a feeling similar to the opening and closing of a flutter valve (he had an engineering background) in his chest. He self presented to his Occupational Health department was found not to be in respiratory distress but understandably anxious. He was referred to the Emergency Department for investigation.

Examination

No signs of respiratory distress (trachea central), respiratory rate 17, SpO₂ 96% on air. Uniform chest expansion but decreased air entry noted on the right side on auscultation, percussion resonant

both sides. Deep inspiration caused the patient to want to cough.

Findings

The chest radiograph revealed a coin shaped object in the right main bronchus (see Fig. 1).



Figure 1 Anterior–posterior chest radiograph.

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The patient was referred to the Cardio thoracic team for a rigid and flexible bronchoscopy, a 5p coin was successfully removed from the right main bronchus and the patient discharged the following day.

Clinical lesson

Patients should be encouraged to replace the caps on inhalers when not in use and check that

the opening of the device is free from foreign bodies.

Conclusion

This gentleman had a good inhaler technique, but in this case the economic value of prophylaxis in preventing admission is questionable!

N.B. The patient has given written consent for submission of this case study.

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