



## TRACHEOSTOMY TUBE, AN UNUSUAL FOREIGN BODY IN LEFT MAIN BRONCHUS: A CASE REPORT

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**ABSTRACT** **Introduction:** Tracheostomy is a very commonly performed surgical procedure in patients of prolonged ventilation and in carcinoma larynx patients presenting with stridor. Tube fracture at the neck and its displacement into the bronchus can be fatal. **Case Report:** A 65-year-old presented with respiratory distress with alleged history of aspiration of broken tracheostomy tube while cleaning. Patient had poor follow up after tracheostomy and last tube change was done 6 months back. The foreign body was localized in the left main bronchus embedded in the bronchial mucosa and was removed via a rigid bronchoscope under a short general anesthesia without intubation. There was no significant injury of the bronchial mucosa. **Conclusion:** Proper tracheostomy tube care and tube change at regular intervals is to be followed strictly to avoid complications like dislodgement in bronchus and airway compromise.

**KEYWORDS :** Tracheostomy tube, Endobronchial foreign body, Inhalation

### INTRODUCTION

Foreign body bronchus is a common presentation in ENT practice. All age groups are susceptible to aspirating a foreign body into the tracheobronchial tree. Adult patients with this condition are rare, and often have an underlying ailment such as aspiration following a dental treatment, mental retardation, neurological disorder, or overuse of alcohol or sedatives.

Tracheostomy is a very commonly performed surgical procedure in patients of prolonged ventilation and in carcinoma larynx patients presenting with stridor. Tube fracture at the neck and its displacement into the bronchus can be fatal (1). Here we are discussing a case report of broken tracheostomy tube and foreign body bronchus which was removed successfully with rigid bronchoscope.

### Case Report

A 65-year-old presented with respiratory distress with alleged history of aspiration of broken tracheostomy tube while cleaning. Patient had an alleged history RTA with head injury 20 years back for which craniotomy and tracheostomy was done. Patient had poor follow up after tracheostomy and last tube change was done 6 months back.

On examination, patient was tachypneic with maintained saturation levels. On auscultation, there was reduced air entry on left side of chest. An immediate chest x ray was taken which showed tracheostomy tube lodged in left main bronchus with proximal part in thoracic trachea (Figure 1,2).



Figure 1



Figure 2

After taking proper written informed consent from patient and his relative, patient was shifted to emergency OT. After attaching all the standard monitors we premeditated the patient with standard doses as per our protocol. To avoid hypoxemia, we gave the patient oxygen through the tracheostomy stoma. After that, under general anesthesia with intermittent ventilation, we inserted rigid bronchoscope and foreign body, that is broken tracheostomy tube was visualized which was lodged in the left main bronchus. Same was removed under vision using grasping forceps. After securing the patient's airway with a cuffed tracheostomy tube, hemostasis was achieved. Upon closer inspection, the strange body we found was the entire tracheostomy tube without flange (Figure 3). The patient's postoperative course was uneventful.



Figure 3

## DISCUSSION

Tracheostomy tubes are usually made of polyvinyl chloride. Metallic tracheostomy tubes were in use previously which was replaced by polyvinyl chloride(2). One of the recommendations based on available information is to change inpatient polyvinyl chloride tubes every 8 weeks, silicone tubes every 4 weeks, and outpatient polyvinyl chloride tubes every 8 to 12 weeks(3).

Fractured PVC tracheostomy tube presenting as a foreign body in bronchus is a rare clinical scenario in day today practice. Only few case reports are there in the literature. This complication occurs as result of poor tracheostomy care and poor compliance to regular follow up and tube change(4). Such incidences can be avoided by proper counselling of the patient and attender by the treating doctor. Tracheostomy care should be taught properly to the patient as well as the attender. Regular follow should be strictly monitored.

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