

# Spontaneous expulsion of left endobronchial Foreign Body

**Mayilsamy Dharani,  
Ketaki Utpat,  
Unnati Desai,  
Jyotsna M. Joshi**

Department of Pulmonary Medicine,  
TNMC & BYL Nair Hospital, Mumbai

A 50 year old man came with a chief complaints of cough with hemoptysis and dysphagia since 4 days. Patient had no other comorbidities and addiction history. Chest X ray was done but was within normal limits. In view of hemoptysis, patient was evaluated with high resolution computed tomography (HRCT) thorax which showed the presence of mild mucoid debris in left main bronchus and the intermediate bronchus as shown in figure 1. However, patient had expectorated a foreign body as shown in figure 2 following a violent cough. Patient had a symptomatic relief following spontaneous expulsion. Hence history was reviewed. Patient admitted the intake of sea food 4 days back. However, he did not recollect any history of choking. HRCT was reviewed, that was suggestive of soft tissue with foci of air within likely represents a foreign body. Bronchoscopy was done to rule out any remnants and injuries. It showed contact hemorrhage at left main bronchus probably representing the site of impaction with no remnants. Hence the diagnosis of spontaneously expectorated foreign body was made.

Foreign body aspiration is more common in children of age 1-3 years when compared to adults<sup>1</sup>. As lodgement of foreign body in adult is usually in the more peripheral pathway, with spontaneous resolution in symptoms, causing diagnosis in adult difficult<sup>2</sup>. Based on the foreign body location and patients' general condition, rigid or flexible bronchoscopy can be used for foreign body removal. Spontaneous expulsion of foreign body is a very rare condition with the incidence of 2-4%<sup>3</sup>.

### CONFLICTS OF INTEREST

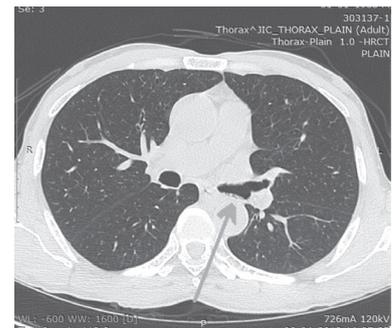
None.

### REFERENCES

1. Sumanth TJ, Bokare BD, Mahore DM, Ekhar VR, Sakhare PT, Gawarle SH. Management of Tracheobronchial Foreign Bodies: A Retrospective and Prospective Study. *Indian Journal of Otolaryngology and Head & Neck Surgery* 2014;66(Suppl 1):60-4. doi:10.1007/s12070-011-0302-y.
2. Singh IS, Dhooria S, Babu Ram, et al. Foreign Body Inhalation in the Adult Population: Experience of 25,998 Bronchoscopies and Systematic Review of the Literature *Respiratory Care*.2015;60:1438-48.
3. Gupta SK, Mundra RK, Goyal A. Spontaneous expulsion of an interesting long standing metallic foreign body (iron nail) from left main bronchus. *Indian J Otolaryngol Head & Neck Surgery* 2004;56:233-4.

### Correspondence:

Dr. Jyotsna M Joshi,  
Professor & Head, Department of Pulmonary Medicine,  
TNMC & BYL Nair Hospital, Mumbai  
Tel.: 02223027643  
e-mail Add- drjoshijm@gmail.com



**FIGURE 1.** Non-obstructive soft tissue seen along the posterior wall of the left main bronchus, partly extending into the inferior division.



**FIGURE 2.** Expectorated foreign body.