

# Spontaneous expulsion of left endobronchial Foreign Body

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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.

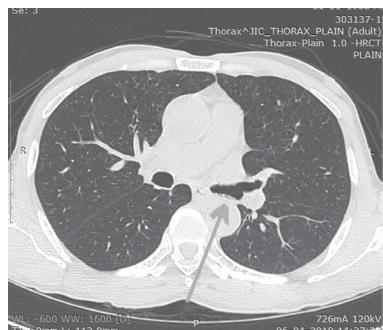
Foreign body aspiration is more common in children of age 1-3 years when compared to adults<sup>1</sup>. As lodgement of foreign body in adult is usually in the more peripheral pathway, with spontaneous resolution in symptoms, causing diagnosis in adult difficult<sup>2</sup>. Based on the foreign body 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

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**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.

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