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Clinical Image

Fracture of Tracheostomy Cannula and Removal Using Flexible Bronchoscopy

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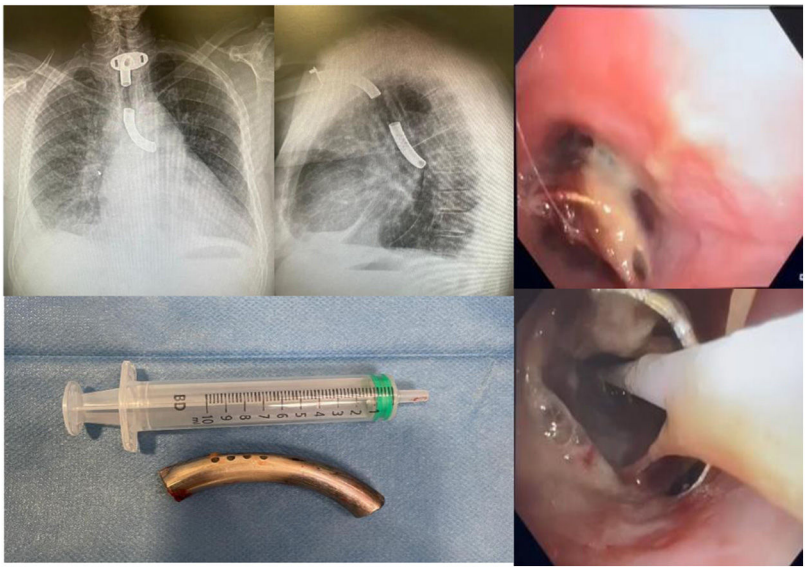

Fig. 1. Foreign body in the left main bronchus. Fogarty balloon extraction.

Complications related to tracheostomy cannulas are uncommon. Tracheostomy cannulas can be made of PVC/silicone or silver, depending on the patient's characteristics.

We describe the case of a 66-year-old male who underwent laryngectomy for laryngeal neoplasia in 2004 and has been using a silver cannula since then. He was brought to the Emergency Department due to sudden dyspnea and hemoptysis. An emergency X-ray revealed that the silver cannula was broken, with the distal cylindrical part separated from the proximal end. An urgent bronchoscopy was performed, revealing the cylindrical part lodged in the trachea and extending into the left main bronchus. It was decided to remove it using flexible bronchoscopy under sedation by inserting a dilation balloon distal to the detached end of the cannula and withdrawing it in one piece with the bronchoscope (Fig. 1). Among the causes of tracheostomy fractures are from defects in the material and design of the cannula to local chemical reactions caused by the patient's secretions that degrade the material.[1] It is generally accepted that in cases of prolonged tracheostomies, the advantage of silver cannulas lies in their greater durability, lower infection rates due to sterilization capabilities, and biocompatibility.[2]

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Conflicts of Interest

The authors declare that they have no conflicts of interest.

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