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Clinical Image

Finding the Cause of Chronic Cough and Respiratory Failure☆

Tos crónica e insuficiencia respiratoria. ¿Por qué?

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We the report the case of a 59-year-old woman, non-smoker, with diagnoses of hypertension, diabetes mellitus. She reported a 20-year history of "chronic rhinitis", characterized by dry cough without improvement with inhaled or antihistamine therapy. Patient denies previous chest computed tomography (CT scan) or respiratory function tests.

She was admitted to the emergency department with worsening cough, dyspnea and chest pain. Arterial blood gas (ABG) results (FiO_2: 40%) showed type 1 respiratory failure (PaO_2: 52 mmHg) and the chest X-ray showed pulmonary infiltrates in right base. She was diagnosed with community-acquired pneumonia and empirical antibiotherapy was initiated with levofloxacin.

Due to clinical deterioration, chest X-ray (Fig. 1A) was repeated, revealing atelectasis in the right lower lobe (RLL). Chest CT scan (Fig. 1B) showed pneumonia caused by an endobronchial foreign body impacted in the entrance of the RLL bronchus.Rigid bronchoscopy was performed, revealing the presence of a tooth, which was removed.In re-anamnesis, the patient reports an episode of choking 20 years ago, which was considered meaningless.One month later, patient was asymptomatic, ABG normalized and lung function testing by spirometry was normal.

Chronic symptoms should always be investigated. A small number of foreign bodies are found incidentally in bronchoscopic inspection, most commonly food, nails and pieces of toys.[1]

Reference

1. Warshawsky Martin E. Foreign body aspiration: background, pathophysiology, epidemiology. 2013. Available from: http://emedicine.medscape.com/article/298940

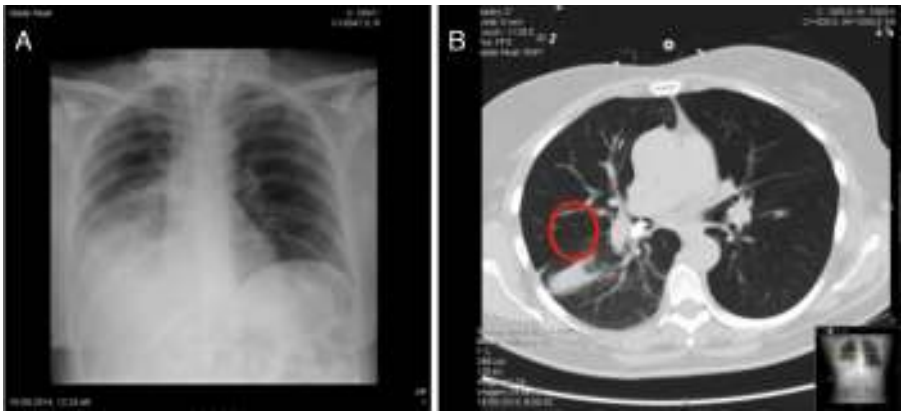

Fig. 1. Chest X-ray (A) showing atelectasis and pulmonary infiltrates in right base consistent with a tooth; CT scan (B) showing opacity in the right lower lobe and 13 mm endobronchial foreign body.

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