ON THE CASUISTRY OF FOREIGN BODIES IN THE RESPIRATORY TRACT

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Introduction. Aspiration of foreign bodies poses increased requirements for doctors involved in diagnostics and treatment if the peripheral lumen of the airways is completely closed, and also, based on the properties of a foreign body (sharp metal edges, chemically active substances), makes it difficult to remove them.

Aim of research. Was summarized more than 40 years of clinical experience in this area and evaluated the advantages of modern equipment.

Material and methods. We analyzed 66 cases of removal of foreign bodies of the respiratory tract in patients admitted to the clinic in the last five years, as well as three cases of death over the last 40 years.

Results. Modern diagnostic methods (including CT and MRI) allow in most cases to determine the localization and shape of foreign bodies. In one case, occlusion of the right main bronchus by a smooth stone in a 2-year-old girl and difficult removal of a foreign body was fatal 8 hours after removal from the effects of hypoxia and cerebral edema. In the second case, a smooth billiard ball pinched in the middle part of the larynx in a patient delivered to the emergency room also ended in death after short attempts to remove it. The third death was due to the obstruction of the airways with a piece of meat in a restaurant in a healthy athlete and the failure to provide assistance to him, although there is a certain technique for this.

Conclusions. For tracheobronchoscopy, today, depending on the indication, two preferred technical approaches are available: with a rigid bronchoscope and a flexible fibrobronchoscope. The advantage of a rigid bronchoscope is a large working channel through which forceps can be inserted, better manipulated, sucked out the contents and, using angled optics, obtain a better optical picture. Flexible bronchoscopy can be performed under local anesthesia, in case of intubation difficulties and provides a more clear peripheral picture than the angled optics of a rigid brochoscope, as well as display it on the screen (video endoscopy).