

SIX9: A UNIQUE CASE OF INORGANIC FOREIGN BODY ASPIRATION AS A CONTRIBUTORY CAUSE OF RECURRENT PNEUMOTHORAX IN BILATERAL BULLOUS LUNG

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Background Paediatric Foreign Body Aspiration (FBA) can be related to a high morbidity and mortality rate, especially in young children. Most common clinical presentations are cough and respiratory infections in the following months (of unnoticed aspiration events); Moreover, severe consequences such as pneumothorax or pneumomediastinum can be associated issues, though extremely rare. Unlike for adults, there is no specific paediatric guideline for treatment of pneumothorax. Most frequently applied surgical treatment of Primary Spontaneous Pneumothorax (PSP), following adult data and surgeon's personal experience, after failing of the first conservative attempt, is bullectomy performed by Video-Assisted Thoracoscopic Surgery (VATS), usually followed by pleurodesis to prevent the recurrence.

Materials and methods We describe a case of a 13-year-old girl with a recurrent right-sided pneumothorax in bilateral bullous lung, previously treated twice at Our Institution by robot-assisted bullectomy and showing once more same signs and symptoms. At conventional thoracoscopy stapling procedure a foreign body (fishing line) was found to be located pointing upwards to the apex.

Results At CT scan bullous pulmonary dysplasia was found bilaterally and, after a first conservative attempt, the patient was considered candidate for a robotic-assisted resection of bullae and blebs of the right apex. After an uncomplicated early postoperative course and a stable X-ray at one-month postoperative control, the girl presented again with a massive right-sided recurrent pneumothorax. After analogous treatment protocol and comparable postoperative course, the patient experienced a new episode, that was treated by conventional thoracoscopy approach with the intraoperative finding of an inorganic foreign body (fishing line) was found to be located pointing upwards to the apex.

Conclusions Thoracic foreign bodies had been classified into: aspirated, traumatic/accidental or iatrogenic, which nowadays are reduced to extremely rare events; Aspirated ones are the most frequent and clinical consequences reflect sizes, location, and chronicity. In our case, an inorganic fishing line was found at thoracoscopy pointing upwards to the apex of the lung that the patient attributed to an unnoticed aspiration when playing bracelets years before. No surgical sutures had been utilized in the previous done robotic stapling procedures. We acknowledge the foreign body as the contributory cause of persisting of the clinical picture, despite the surgical removal of the pa-

thological parenchyma. Thoracoscopy proved to be very useful procedure in recognizing the inorganic line that was missed at CT.

Key words bullous pulmonary dysplasia, robot-assisted thoracoscopy, foreign body aspiration