

MANAGEMENT OF FOREIGN
BODY AIRWAY
OBSTRUCTION

By

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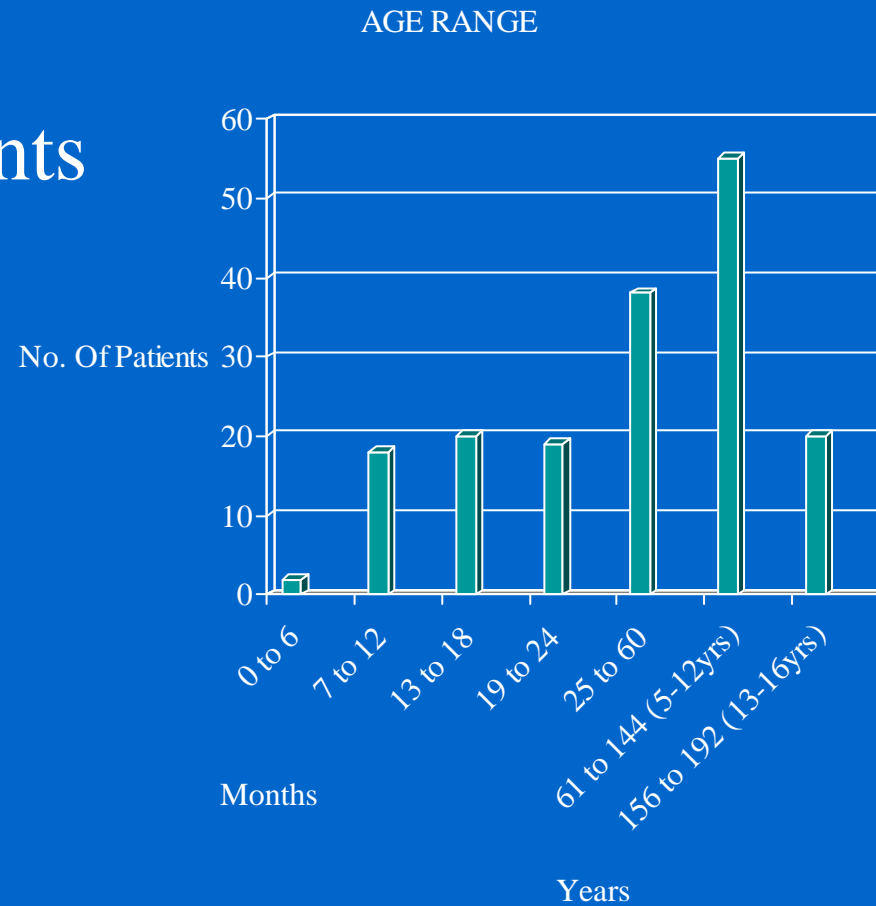
10 Years Prospective Study (January 1995 to January 2005)

- Total Number 152
- Sex - Male 109 = 71.7%
 - Female 43 = 28.3%
 - Male to Female
Ratio 2.5 to 1

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Age Distribution

- Months
- Number of patients



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Management

1. Bronchoscopy	112	=	73.7%
2. Oesophagoscopy	<u>40</u>	=	26.3%
	<u>152</u>	=	100%

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Complications of Bronchoscopy

- 1. Fail brochoscopy
- 2. Haemorrhage
- 3. Perforation
- 4. Death
- 5. Infection

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Failed Bronchoscopy

1. Repeat Bronchoscopy	14	=	9.2%
2. Pneumonectomy	1	=	0.65%
3. Lobectomy	8	=	5.3%

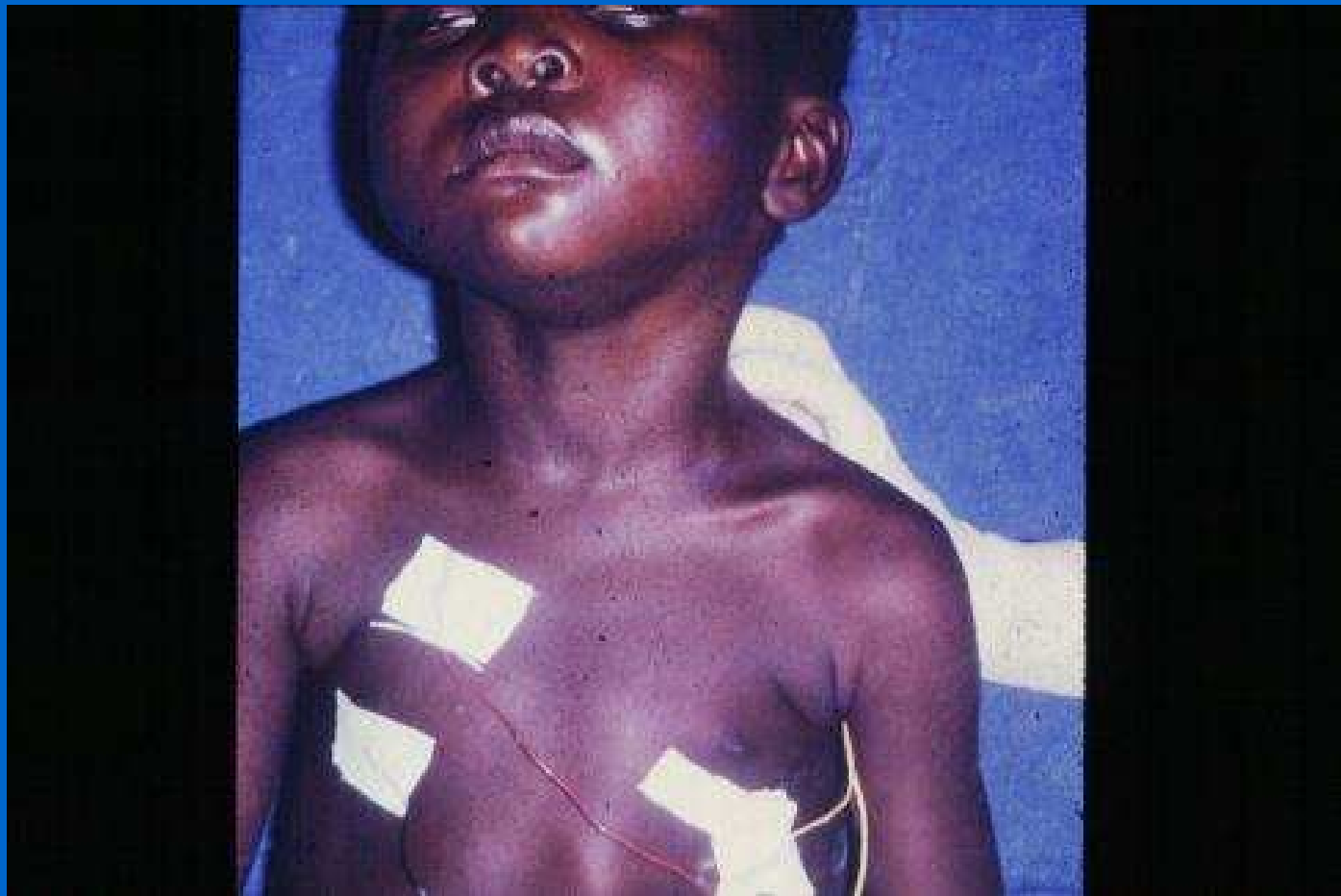
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Mortality

- Mortality - 8 = 5.2%

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Some of the Specimen Removed



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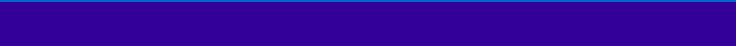
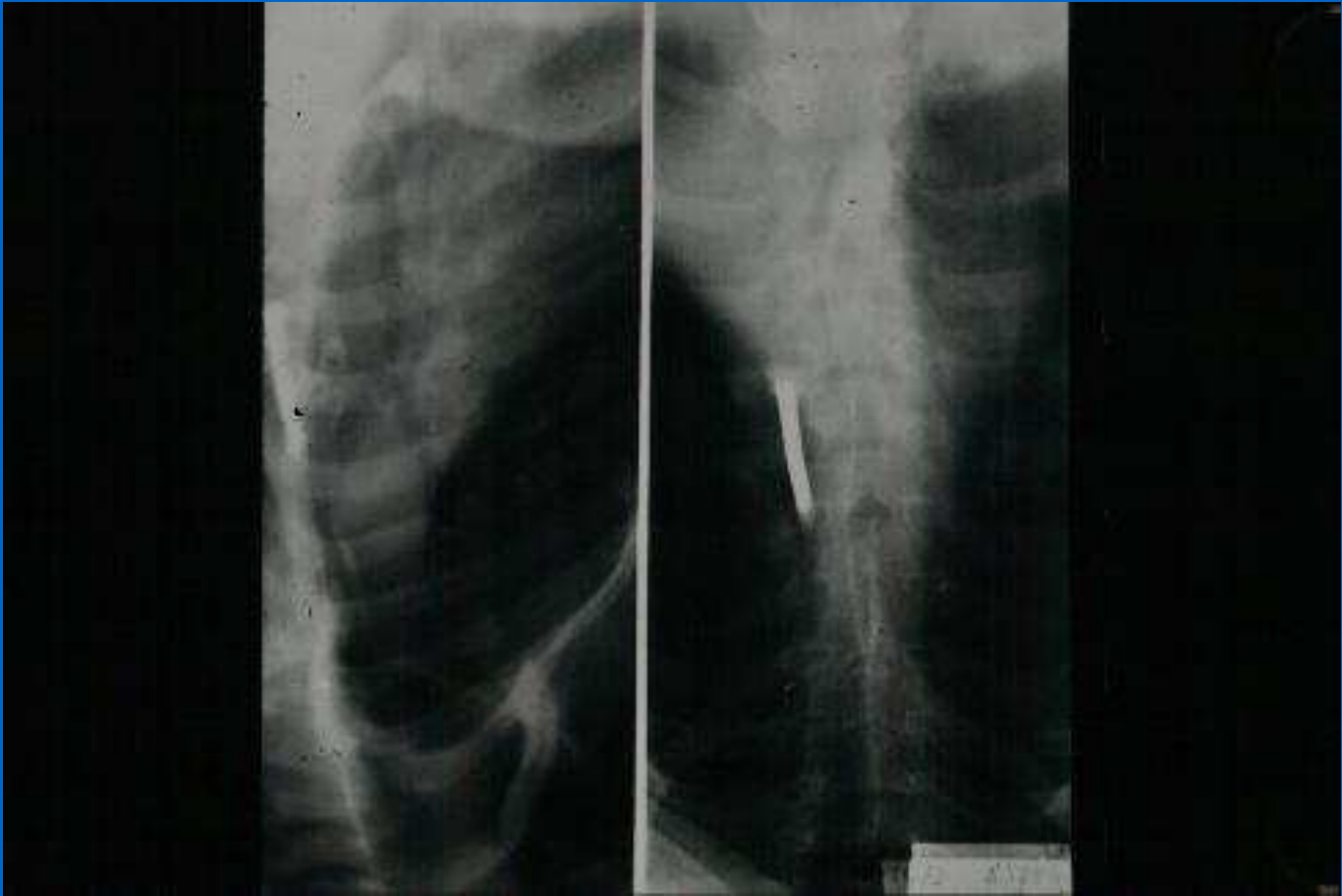
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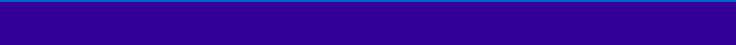
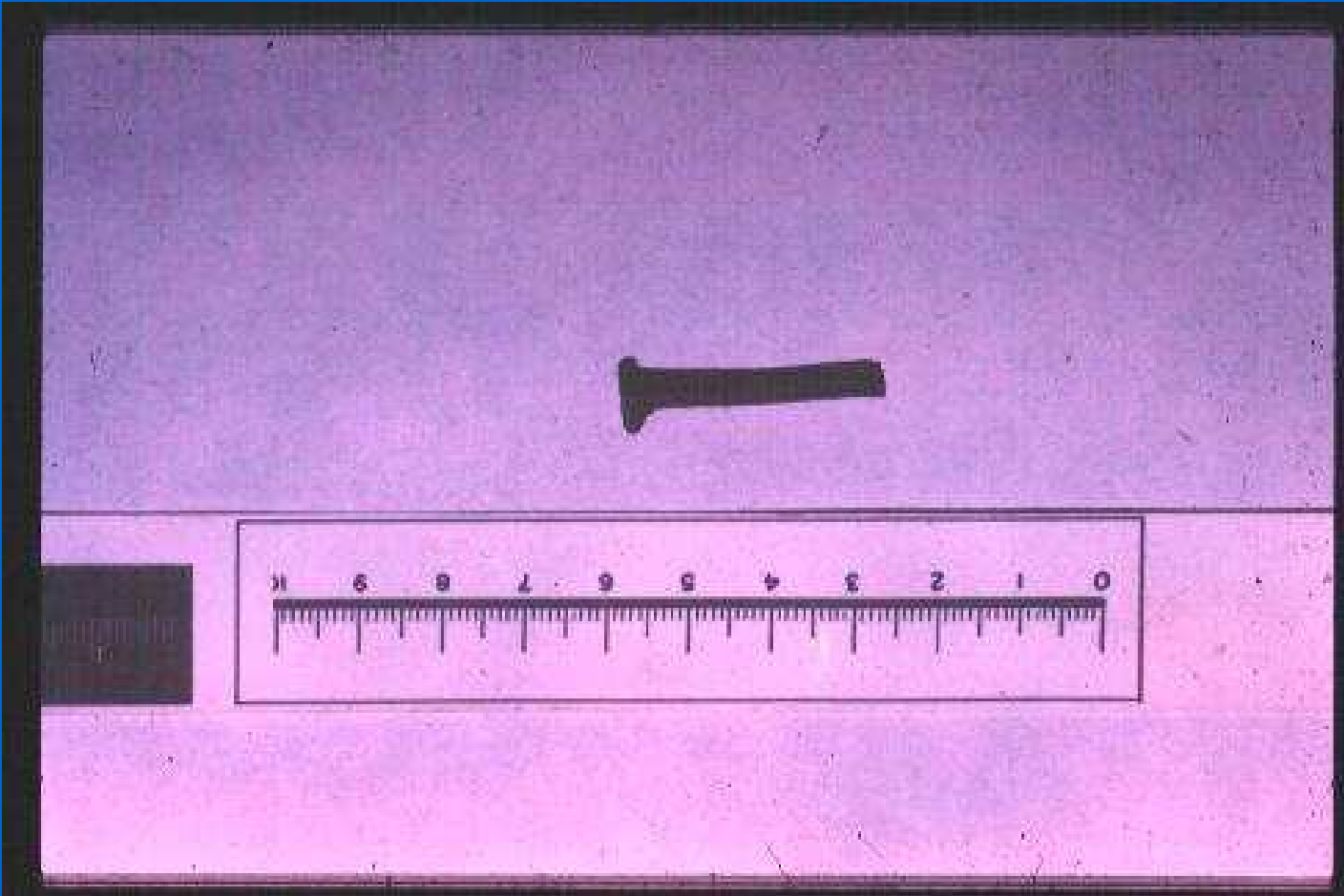
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Discussion

– ACTUAL INCIDENCE

- Not known
- High index of suspicion
- Lack of Pre-hospital Care of critically ill Patients.
- Many die before reaching the Tertiary Hospital.
- Lack of Surgical Equipment
- Personnel (Doctors)

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Causes of Airway Obstruction

1. Foreign Bodies
2. Infections
3. Papilomas
4. Foreign Bodies in Oesophagus

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Causes of Inhalation

1. Tradition
 2. Laughing or crying with Foreign Body in the mouth.
- Prevention: Health Education.

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Differential Diagnosis

- Chronic Chest Infection T.B.
- Chronic Chest infection + Laboured Breathing = Bronchoscopy.