

The concern regarding informing parents before using off-label drug is quite right. Various neonatal intensive care units inform parents before using postnatal corticosteroids.

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Bronchoscopic Removal of Unusual Foreign Body Through Tracheostomy

Tracheobronchial foreign body aspiration can occur in all age groups but is more common in children. A previously healthy 5-month-old child presented to our hospital with aspiration of a metallic hair pin, one day before. As per the parents, the elder male sibling (3 years old) was playing with the child when the patient accidentally aspirated the hair pin. This was immediately followed by cough.

The child was restless with minimal respiratory distress, pulse rate 140/min and SpO₂ 95%. A posteroanterior chest radiograph (**Fig. 1**) revealed a hair pin in the right main bronchus. Rigid bronchoscopy was done under general anesthesia and the foreign body was removed from the right main bronchus but got stuck into base of tongue as open prongs of hair pin were facing the surgeon. There was oozing of blood and fall in the oxygen saturation (SpO₂ 65%). The hair pin was pushed back into the trachea again to facilitate ventilation. Tracheostomy was done for extraction of the foreign body. A 3.5 mm bronchoscope was then passed into the trachea and endoscopic forceps were used to pull out a 6 cm long hair pin via the tracheostomy. There were no immediate post operative complications and a post-operative posteroanterior chest X-ray was normal. The patient was weaned off the tracheostomy after 3 days.

Airway foreign bodies lead to significant morbidity and pose a risk of death in the pediatric population because of their small airways [1]. Rigid bronchoscopy is the gold standard for diagnosis and treatment of inhaled foreign body in children [2]. Even in the hands of experienced endoscopists, there may be occasions when an endoscopic approach to airway foreign bodies should be abandoned in favour of an open surgical procedure [3]. The need for open surgical intervention ranges from 0.3-4% in various published series [3,4]. Tracheostomy for removal of tracheobronchial foreign bodies, as described for our patient, is reported in very few cases in



Fig. 1 Chest radiograph revealing hair pin in the right main bronchus.

the literature [5,6]. The child being 5 months old and the foreign body being large, with pointed sharp ends facing the glottis and base of tongue, made this case surgically challenging.

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