

4th European Otolaryngology-ENT Surgery Conference & 3rd International Conference on **Craniofacial Surgery**

August 15-17, 2019 Rome, Italy



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Paediatric Aero digestive Foreign Bodies: 10 Year Retrospective Study in a Tertiary Care Hospital

Introduction: Foreign bodies in the aerodigestive tract in children pose serious challenge to an otolaryngologist. Clinical assessment, proper instruments, early intervention, surgical skill are the key words for success.

Methods: A retrospective study was done in the otolaryngology department, North Bengal Medical college, Darjeeling between 1st October 2008 to 30th September 2018.

Inclusion Criteria : All children below 12 years of age, with history of suspected foreign body ingestion or inhalation. Foreign bodies of posterior nares, hypopharynx, oesophagus, tracheobronchial tree were included.

Exclusion criteria were foreign bodies of Tonsil, oropharynx and anterior nasal space.

Results of 160 patients were analysed with reference to age, sex, investigation, atypical presentation, retrieval and complications.

Results: In the present study Mean age was 3.8 yrs, Male : Female ratio was 5:3. Common sites of Foreign body impaction were Oesophagus 112 (70%), Tracheobronchial tree 20(12.5%). In digestive tract COIN was the commonest foreign body 96 (78.6%). Pea nut was the commonest in tracheobronchial tree 6(30%). Virtual Bronchoscopy CT scan was helpful in 4 case of Bronchoscopy. Oesophagoscopy was done in 108(67.5%) cases. Rigid Bronchoscopy was done in 19(11.8%).

Atypical presentations included one 11 month old child with two pieces of chicken bone one in the GLOTTIS, another in the OESOPHAGUS, was treated successfully. A case of broken tracheostomy tube in the right bronchus was removed by bronchoscopy. A metal piece in the subglottis of a 2 yr old child with stridor, was removed by bronchoscopy. Chicken bone in the glottis of a two year old child was successfully removed.

Successful retrieval was done in 150 (93.7%) cases. COMPLICATIONS included TRACHEAL INJURY 1(0.62%), OESOPHAGEAL RUPTURE 1(0.62%) DEATH 2(1.25%) cases.

Conclusion: Rigid endoscopy remains the treatment of choice in children with aerodigestive foreign bodies.

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Biography

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