



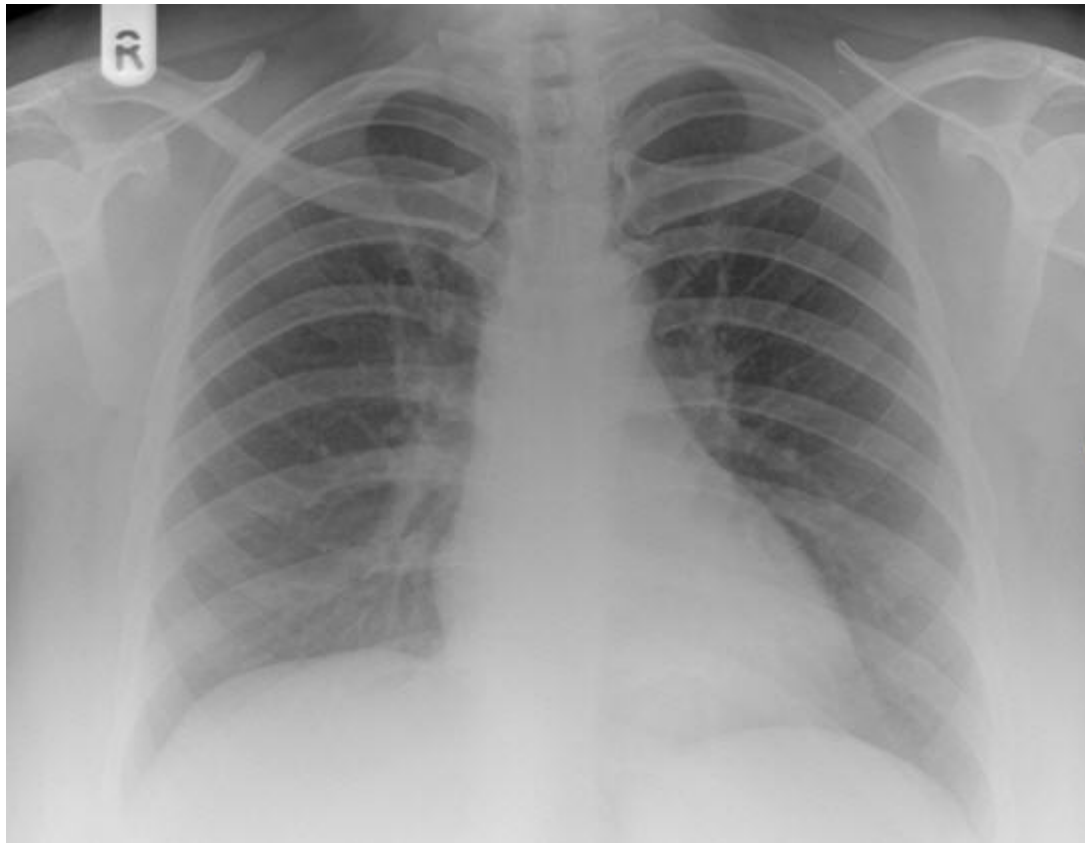
All that wheezes is not asthma

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A 35-year-old woman presented with persistent productive cough and occasional haemoptysis for 6 months. A trial of treatment for asthma and several courses of antibiotics were unhelpful.

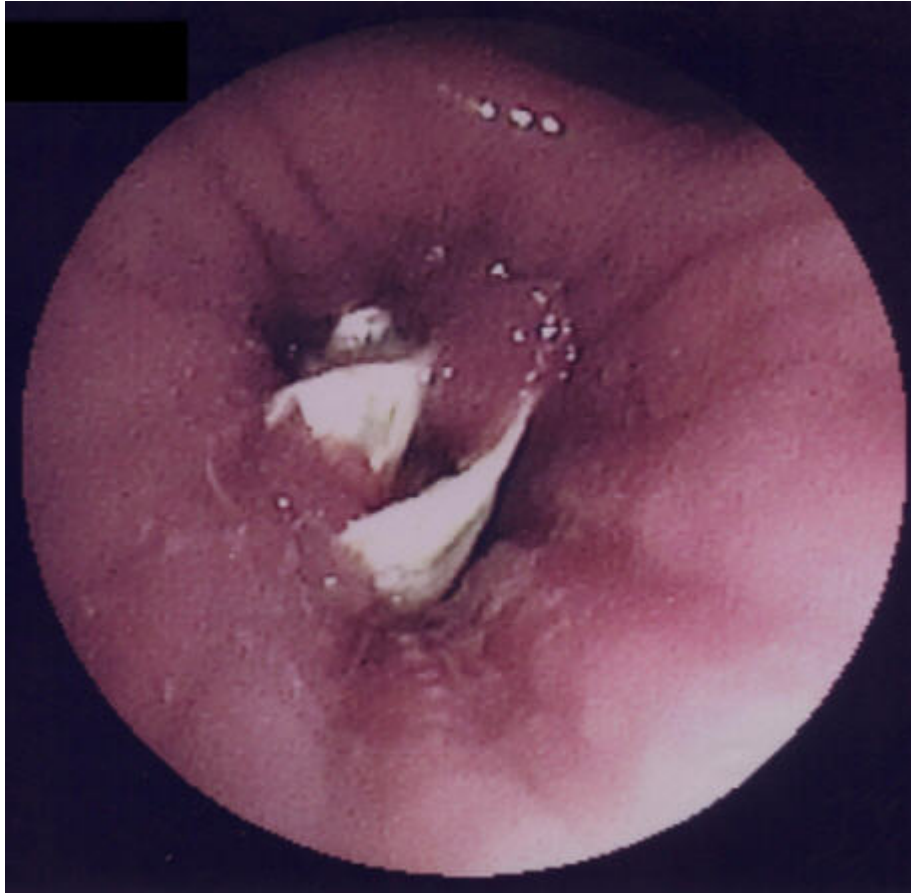
On examination of the chest, a localised wheeze was heard on the right side. An obtained chest radiograph was normal (Figure 1).

Figure 1. Chest radiograph which is normal



The unusual history and a localised wheeze on the right side prompted a flexible bronchoscopic examination which revealed the culprit plastic foreign body in a segmental bronchus of the right lower lobe with overlying granulation tissue (Figure 2).

Figure 2. A plastic “foreign body” is seen in a basal segment of the right lower lobe on flexible bronchoscopy



The foreign body was removed following a rigid bronchoscopy, leading to amelioration of her symptoms. There was no history to suggest foreign body aspiration.

Foreign body aspiration, though more common in children, can present in any age group. The typical presentation is as an acute emergency, however occasionally an insidious presentation may be noted. In adults, foreign body aspiration usually occurs due to failure of airway protective mechanisms and less frequently accidentally.

As in our case, small foreign bodies may lodge in segmental bronchi mimicking other lung conditions such as bronchial asthma. A high degree of clinical suspicion is needed to make the diagnosis, which if missed can lead to serious consequences.^{1,2}

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