



Spontaneous Expulsion of Foreign Body from Airway of an Elderly COPD Patient

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Case Study

On 3.7.2021, 67 years old patient had a bout of cough one night with expectoration of about 20 ml of sputum in divided portions over a period of about 40 min. The sputum constituted of saliva and phlegm in various proportions. No hemorrhage was noted. He suffers from COPD and is on inhalers, nebulization by bronchodilators and steroids since 1996. Since last one year, he is also on nistami powder - a combination of indacaterol and glycopyrronium inhalation. Despite cough there was no sense of constriction in chest, neither any spasmodic component he was familiar with. On that particular day, he had not taken any dose of inhaler as he had not felt any necessity for it. During the bout of cough, however, he decided to inhale nistami powder. There was some relief but still the impulse to cough continued. He sucked in some lozenges thereafter. It really had no effect but before lying down, he decided to take in Foracort (formoterol and budesonide) inhaler in apprehension of disturbed sleep. As he inhaled, he coughed out a single piece of gram seed of about 5 mm × 5 mm. (Figure 1) indicating the real cause of his cough.

The patient recalled a bout of cough during the dinner on 1.7.2021, when he had eaten a vegetable preparation containing gram seeds.

Patient does not suffer from any neurological disease but has a habit of eating fast.

In the past history, a similar episode had occurred following ingestion of small garlic of similar size. During that bout the material was coughed out about 6 h to 7 h after the episode.

In both cases, patient had no further untoward effect.

Discussion

Inhalation of foreign body in airway is more common in children than adults [1-5]. Statistics related to spontaneous expulsion of foreign body are almost valueless as it is difficult to detect whether it was lodged in larynx or lower down in bronchi. Many a times no history is available [2-4]. In this particular patient, confusion could have arisen as he is a COPD patient. These patients also have bouts of cough with a feeling of constriction in chest and bronchial spasm. The point in history to be noted was, during this attack patient didn't feel any of these symptoms. Foreign body in respiratory passage should always be kept in mind by any clinician particularly in children and old patients presenting with respiratory symptoms. In adults, onset of cough during meal along with the knowledge of food items ingested is a pointer to avoid subsequent disaster.

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Figure 1: Coughed out gram seed.

Conclusion

Careful history of pattern of cough without accompanying symptoms of constriction in chest and bronchospasm may help to clinch the diagnosis of a small foreign body even in cases suffering from respiratory problem.

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