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Bronchial foreign body mimicking chronic cough and recurrent bronchopneumonia: diagnostic dilemma in a resource-poor setting.¹Afiadigwe EE, ²Ndukwu C I, ¹Umeh US, ³Obidike Afam Ben.¹Department of ENT, Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi, Anambra State.²Department of Paediatrics, Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi, Anambra State.

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Correspondence: Dr. Afiadigwe Evaristus A. E. ea.afiadigwe@unizik.edu.ng**Objective:** The importance of high index of suspicion in diagnosing small objects in the airway in order to avert delayed or missed diagnosis with its attendant complications.**Case Report:** A Six-year-old male admitted through the Children Emergency Room (CHER) with 6 months' history of recurrent cough and fever associated with initial choking spells, noisy breathing and shortness of breath. Child was said to have "swallowed" a plastic object which the care givers and attending physicians assumed had been passed out in faeces. He was managed as a case of recurrent bronchopneumonia with oral and parenteral medications with temporary relief of symptoms. Chest x-ray done at presentation showed evidence of left lung collapse with ipsilateral mediastinal shift but no demonstrable FB. He had a diagnostic rigid bronchoscopy and a plastic object was discovered within the left main bronchus and subsequently retrieved. Broad spectrum antibiotics, anti-inflammatory and antipyretics were administered. By the second day post-op, all chest symptoms had resolved, and repeat chest x-ray showed normal findings.**Conclusion:** Any child with a history of recurrent cough and shortness of breath that is unresponsive to medical treatment qualifies for Otolaryngological review to rule out bronchial FB via diagnostic bronchoscopy. Negative Radiological findings do not exclude the presence of foreign body.**Keywords:** Foreign body, Aspiration, Bronchopneumonia, Radiograph, Bronchoscopy.

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