Endobronchial aspiration of a food bolus with near-asphyxia in a geriatric patient

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A 92 year-old male with history of hypertension, hyperlipidemia, and hypothyroidism presented to ED with aspiration of a food bolus into his left mainstream bronchus while eating at a steakhouse on Fatherâ€™s day. EMS intubated him on the scene due to respiratory distress. Accompanying bradycardia responded to atropine and ventilation.

On presentation to OR, the CxR revealed complete opacification of the left lung. Additional anesthetic considerations in this older adult included medical comorbidities, full-stomach status, hypoxemia, and the potential of positive-pressure ventilation and foreign body manipulation to dislodge the food bolus into the distal bronchial tree and/or trachea. We review the anesthetic implications and management options in aspiration into the airway with near-asphyxia of a food bolus. We will discuss the airway management techniques used for foreign body extraction from a main stem bronchus, and describe the approach we used in the presented case.