

# 4<sup>th</sup> International Conference on **Pediatrics & Pediatric Emergency Medicine**

March 29-31, 2016 Atlanta, Georgia, USA

## Foreign body aspiration in children: Experience from 2624 patients

Aderrahmane Boufersaoui<sup>1</sup>, L Smati<sup>1</sup>, K N Benhalla<sup>1</sup>, R Boukari<sup>1</sup>, S Smail<sup>1</sup>, W K Djidel<sup>1</sup>, R Aouameur<sup>1</sup>, H Chaouche<sup>2</sup>, M Baghriche<sup>1</sup> and F Benhassine<sup>1</sup>

<sup>1</sup>Bologhine Ibn Ziri Hospital, Algeria

<sup>2</sup>Mustapha Hospital, Algeria

**Objectives:** The objective of this study is to analyze the epidemiological, clinical, radiological and endoscopic characteristics of pediatric foreign body aspiration in Algeria.

**Methods:** In this retrospective study, the results of 2624 children younger than 18 years admitted in our department for respiratory foreign body removal between 1989 and 2012, were presented. Most of them had an ambulatory rigid bronchoscopy.

**Results:** The children (62.34% males and 37.65% females) were aged 4 months to 18 years with 66% between 1 and 3 years. Choking was related in 65% of cases. The delay between aspiration and removal was 2–8 days in 65.8% and within 24 h in 9.2%. In the most cases, the children arrived with cough, laryngeal or bronchial signs and unilateral reduction of vesicular murmur. The examination was normal in 13%. The most common radiologic finding was pulmonary air trapping (40.7%). The aspirated bodies were organic in 66.7%, dominated by peanuts, while sunflower seeds, beans and ears of wheat were the most dangerous. In the other cases, they were metallic or plastic as pen caps and recently scarf pins. The endoscopic removal by rigid bronchoscopy was successful and complete in 97%. Cases with extraction failure (3%) limited to certain FBs, all of them inorganic were assigned to surgery. The complications related to the endoscopic procedure were 0.29% with a mortality of 0.26%.

**Conclusion:** Foreign body aspiration is a real public health problem in Algeria. The best way to manage it is an early diagnosis and a rigid bronchoscopy removal under general anesthesia used by fully trained staff. The prevention of this domestic accident should consider the population lifestyle and cultural habits to be more effective.

### Biography

A Boufersaoui completed his Doctoral studies in Medicine from University of Medical Sciences of Algiers and its specialty pediatric studies in the same university. It is currently completing a Doctoral thesis on inhalations foreign bodies in children. He presented his experience in different pediatric congresses: International Congress of Pediatrics in El Baha Saudi Arabia, Congress of the Italian Society of Pediatrics, Congress of the Romanian Society of Pediatrics, First Prize at the Congress of Arab societies of pediatrics at Marrakech, North African pediatrics' Congress, pediatric pulmonology international Congress in Bruges, Congress of the European respiratory society in Munich. He published an article in the *International Journal of Pediatric Otorhinolaryngology* on the same subject.

[abderboufersaoui61@hotmail.com](mailto:abderboufersaoui61@hotmail.com)

### Notes: