

## **Tamarind seeds in tracheo-bronchial tree: Technical challenges during rigid bronchoscopy**

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**Background:** Foreign body aspiration is very common among pediatric population. Removal of these foreign bodies, especially the vegetable organic ones, could be quite challenging. These vegetable foreign bodies account for approximately 60-70 percent of all aspirated foreign bodies in children. These foreign bodies usually get swollen and become difficult to remove through rigid bronchoscopy. With this Background, we describe four cases of old aspirated tamarind seeds who presented to us and all the challenges faced during bronchoscopy and their removal.

**Methods:** Four patients who presented to our Pediatric Surgery Department with history of aspiration of tamarind seed (vegetable foreign body) for more than one week duration in the past 4 years is described along with the challenges faced during bronchoscopy and their removal.

Four pediatric patients with old history of aspirated tamarind seeds are described. All four patients presented with mild tachypnea at room air on admission. However, saturation was maintained in all four of them. The diagnosis was confirmed with HRCT Thorax in all. All four patients underwent rigid bronchoscopy with appropriate size bronchoscope under General Anesthesia. The foreign body (tamarind seed) was found impacted and swollen during removal- 3 in right main stem bronchus and one in left main stem bronchus. The optical forceps were used for removal. The tamarind seeds were swollen and hence could not be retrieved in to in two patients. Hence, the seeds were broken and removed in pieces in these two patients. In the other two patients, tracheostomy was required as the swollen seeds could not be negotiated through the narrow sub glottis. All had uneventful post-operative course and were discharged.

**Conclusion:** Bronchoscopic removal of vegetable foreign body from the tracheobronchial tree is challenging. Anticipating the difficulty and being prepared well will reduce intraoperative difficulty and allow successful removal with favorable patient outcomes. The operating surgeon should take consent for tracheostomy and have a tracheostomy instrument set and appropriate sized tracheostomy tubes ready during the procedure to minimize the complications and ensure better outcome.

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## Biography

Charu Tiwari is currently working as Assistant Professor in Dept. of Pediatric Surgery at All India Institute of Medical Sciences, Raipur, CG, India. She completed her Super specialization (MCh Pediatric Surgery) in 2015 at TNMC & BYL Nair Hospital, Mumbai and has 7 years of experience post-super specialization. She is interested in Congenital Anomalies, Pediatric Gastrointestinal Surgery, Neonatal and Pediatric Emergencies of aero-digestive tract and Minimal Access Pediatric Surgery. She is interested in Research work and has more than 50 publications in indexed journals and has received Young Women Research Scientist Award in July 2021 awarded by VDGGOOD, Mysore, India.

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