Orjinal Görüntü
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Importance of Knowingly Assessment of Chest Graphy

Akciğer Grafisine Bilinçli Bakışın Önemi

Erkan Akar, Maşuk Taylan
Department of Thoracic Surgery, Ministry of Health, Diyarbakır Training and Research Hospital, Diyarbakır, Türkiye.

Seventeen years-old female patient was admitted to emergency service with complaint of foreign body aspiration about 5 months ago. She was sent home with recommendations after she had been told that the foreign body was in the esophagus on the chest graphy (Image 1). However the patient experienced chest pain and cough thereafter. The patient who was admitted to emergency service twice again was given medical treatments with diagnosis of acute bronchitis. A new chest graphy was obtained from the patient after her admission to our clinic and the foreign body (pin) was seen to be located at level of right median lobe. We obtained a computed thorax tomography in order to put forward whether the foreign body was intraparenchymal or not and saw that the foreign body was in medial segment of right median lobe (Image 2). We removed the foreign body using flexible bronchoscope under local anesthesia (Image 3) and discharged the patient on the other day.

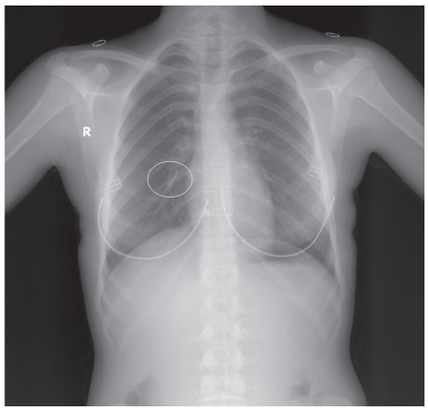


Figure 1. Chest x-ray image of the right hilar region near the foreign body.

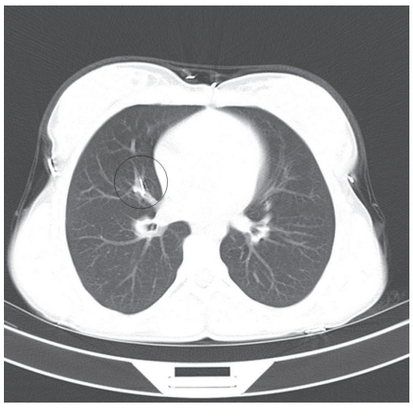


Figure 2. Thoracic Computed Tomography image of a foreign body in the middle lobe medial segment.

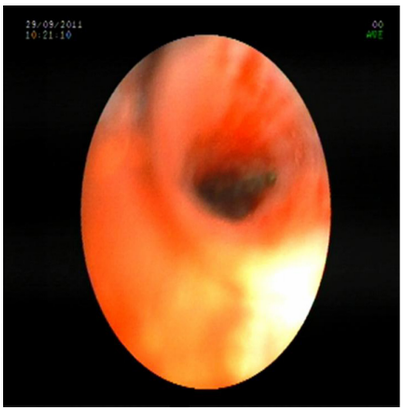


Figure 3. Flexible Bronchoscopy image of a foreign body in the segmental bronchus.

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Corresponding Author: Erkan Akar, Department of Thoracic Surgery, Ministry of Health, Diyarbakır Training and Research Hospital, Diyarbakır, Türkiye.
GSM: 05052596901 F.: +904122580052 E-mail: drerkanakar@hotmail.com