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Is this airway safe?

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A 4-year-old child presented with stridor and respiratory distress. Her mother reported that during re-insertion of the child's tracheostomy tube, the flange had broken off and the tube had fallen into the trachea.

The tracheostomy had been inserted 3 years previously to facilitate ventilation for complicated meningitis. The mother and child were unfortunately lost to follow-up, and were still using the original tracheostomy tube. Incidentally, the child was diagnosed as HIV positive at this admission.

The child was admitted to the paediatric intensive care unit and an urgent bronchoscopy was performed. A multidisciplinary team, including otorhinolaryngology, cardiothoracic surgery and paediatric pulmonology, was present, with the main concern being access to the airway if there was upper airway obstruction. Fortunately, the tracheobronchial tree could be accessed with a flexible bronchoscope inserted via a laryngeal mask. The size 3.0 tracheostomy tube was identified in the left main bronchus and removed with grasping forceps introduced through the working channel of a 3.5 mm flexible bronchoscope, without complications.

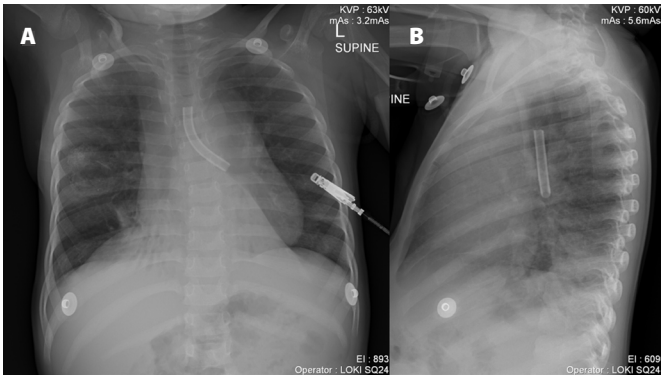

Fig. 1. Frontal (A) and lateral (B) chest radiographs in a 4-year-old girl with HIV-related chronic lung disease demonstrate a long piece of tracheostomy tubing that has broken off and is located in the distal trachea and left main bronchus. There are chronic findings at both lung bases – dense left basal atelectasis as well as dense right basal atelectasis with bronchiectasis. The remainder of the lungs is hyperexpanded. An artefact from clothing noted over the right mid-zone should not be misinterpreted as disease.