

REPORT OF THE REMOVAL OF A FRAGMENT OF TRACHEOTOMY TUBE FROM THE LUNG, SIX YEARS AFTER ITS INSPIRATION.*

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The patient whose case I report was an Italian, 33 years old. Twelve years previous to the time at which I saw him, he had suffered from typhoid fever, having been a patient at the Pennsylvania Hospital, Philadelphia, for three months. During this illness he had an abductor paralysis of the vocal cords, necessitating intubation. The tube remained in the larynx for two months, when it was removed and the patient discharged from the hospital as cured.

One month after leaving the Pennsylvania Hospital, he had an attack of dyspnea, and spat up large quantities of blood. He was admitted to the Philadelphia Hospital, where a tracheotomy was performed. The patient remained in the Philadelphia Hospital for six months, when he was discharged still wearing his tracheotomy tube. This was twelve years ago, and he remained in a fairly comfortable condition subsequent to that time for six years, when he said that one day during a coughing spell he coughed up the tracheotomy tube which he was still wearing and found that the lower end was broken off and missing. He stated that he had not had the tube out for cleansing or any other purpose for three years up to that time. Since that time, six years ago, he had suffered from violent attacks of coughing, accompanied at times by the expectoration of blood, and considerable pain in his chest. He stated that one of these attacks was so severe that three years ago he was in Bryn Mawr Hospital for eleven days with fever and pain in the right chest. There is no record in the hospital, however, of his having been a patient there at any time.

For the past six months he has had great exaggeration of all of his symptoms and has been obliged to give up his work because of shortness of breath, cough, pain in his right chest and quite a profuse spitting up of blood.

I first saw him in April, 1915, when he came to the Pennsylvania Hospital. No very definite history at that time was obtainable; as he was unable to talk English and he had no interpreter.

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He was wearing a tracheotomy tube and complained of the symptoms above reported. I had an x-ray examination made of his chest which resulted in the discovery of a foreign body lodged in his right bronchus, opposite the fifth interpostal space. He left the hospital the day after his admission refusing to have anything done for his relief. Three months later, on July 14, 1915, he appeared at the Bryn Mawr Hospital, at which institution I was on duty, and another x-ray was taken showing the foreign body in the right bronchus, the same location as that revealed by the previous

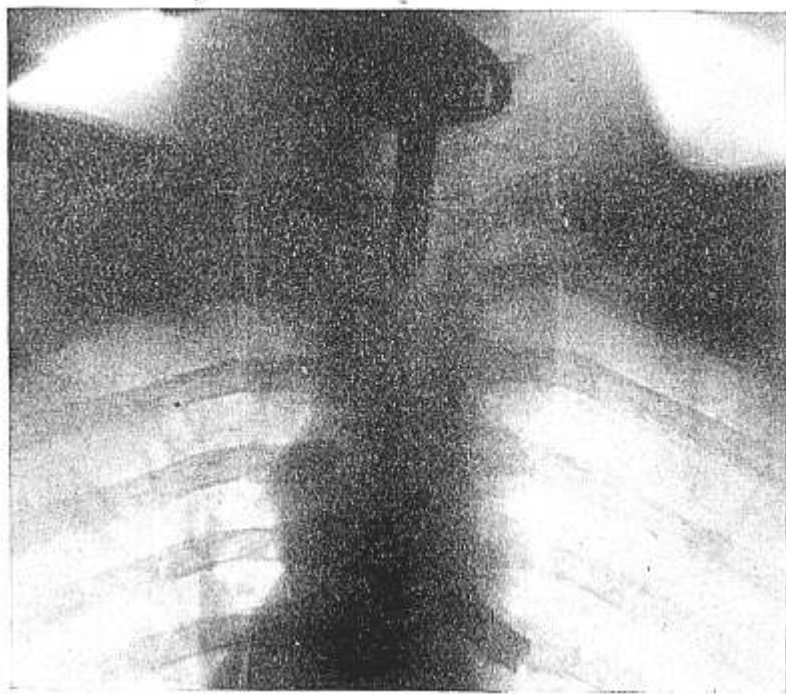


Fig. 1.

x-ray three months before at the Pennsylvania Hospital. I had the patient etherized, and on removing the tracheotomy tube, which we had been unable to disturb before because of the patient's resistance and unruly behavior, I found, to my surprise, that it contained an obdurator. I passed a Jackson bronchoscope through the tracheotomy wound and without difficulty succeeded in extracting with forceps the fragment of tracheotomy tube which I show herewith. The patient was returned to the ward in good condition. He reacted from his anesthetic and left the hospital in excellent condi-

tion three days later. He had absolutely refused to have anything done towards closing the wound in his neck and trachea.

The points of particular interest in the case seem to me that he had retained a foreign body of this nature for six years in his chest producing such marked symptoms without arousing the suspicion of its presence either in the mind of the patient or the number of physicians who had examined him from time to time. It



Fig. 2.

was only after the fragment of the tracheotomy tube was removed from his chest that we succeeded, by means of a clever interpreter, in eliciting the history that he had six years before noticed that the tube was broken when he took it out. Secondly, I think it is curious to reflect that for some unknown reason he had worn an obturator in the tube, a fact which was only ascertained after the removal of the tube on the operating table.

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Syphilis of the Larynx. J. WEINSTEIN, *N. Y. Med. Jour.*, July 22, 1916.

In syphilis of the larynx the prognosis is favorable when the patient is seen at an early stage and the results are often brilliant. But where considerable progress has been made by the disease and where scar-tissue has already formed, the chances of marked improvement are small. The condition is grave, complete and permanent paralysis of the vocal cords, destruction of the cords and adjacent structures and serious difficulty in swallowing being some of the complications. In the tertiary stage, serious stenosis may occur, requiring an immediate tracheotomy. The author reports a case in a man, thirty-seven years old, whose only complaint was hoarseness getting progressively worse and in whom the left cord was found to be reddened and infiltrated. Wassermann test four plus. Immediate response to a single neosalvarsan injection.

P. F.