

## Bronchial Foreign Body (Olive Pit) in a Puppy (Yavru Bir Köpekte Bronşial Yabancı Cisim [Zeytin Çekirdeği])

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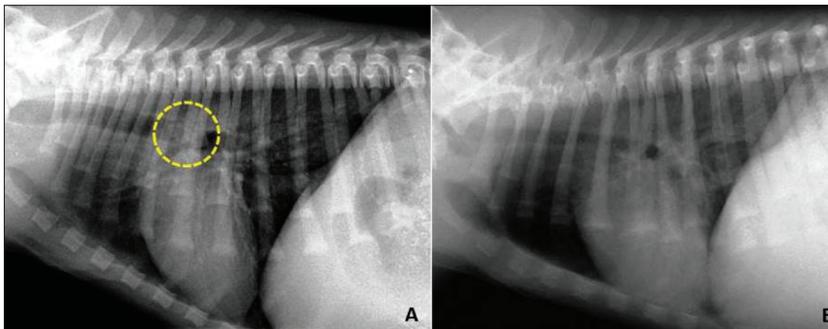
Article Code: KVFD-2015-14146 Published Online: 24.08.2015

### Dear Editor,

Many inhaled or aspired vegetal foreign bodies can be encountered in veterinary practice<sup>[1-4]</sup>. The most common ones are grass inflorescences that these foreign bodies migrate from trachea to the pulmonary parenchyma<sup>[1]</sup>. Although radiology and the other advanced techniques present diagnose of the foreign bodies<sup>[1,3,4]</sup>, bronchoscopy is the best of all for diagnoses and removal of the foreign bodies<sup>[1]</sup> instead of the invasive approach by thoracotomy plus bronchotomy reported<sup>[2]</sup>. This letter reports to olive pit as an inhaled novel foreign body and its removal from the left main bronchus by bronchoscopy.

A 2 month-old, Belgium Malinois breed male puppy was presented with complaint of the coughing and vomiting reflexes following an olive eating. Clinically inspiratory dyspnea, thoracoabdominal respiration, intermittent vomiting and hemoptysis were determined. When the puppy laid down the lateral recumbent, dyspneic respiration was increased. Thus, respiration movements were closely monitored. The other vital parameters of the puppy were normal, and laboratory analysis results of the blood sample taken from peripheral vein were also within normal reference rates. Aspiration pneumonia was suspected and thoracic radiographs were taken immediately. In lateral radiograph, an olive pit-shape

foreign body back of the carina was clearly observed in the tracheal lumen (Fig. 1A). Dexamethasone 0.25 mg/kg iv (Dekort®, Deva, Istanbul), amoxicillin clavulanate 15 mg/kg, im (Amoklovin®, Deva, Istanbul) and n-acetylcysteine 10 mg/kg, iv (Assist®, Bilim ilac, Istanbul) were given parenterally to relieve the respiration and prevent the secondary pulmonary infection. After sedation with xylazine HCl (Alfazine®, Egevet, İzmir) (1 mg/kg, im), 1/1 combination of the ketamine HCl (Alfamine®, Egevet, İzmir) (10 mg/kg) plus diazepam (Diazem®, Deva, Istanbul) (0.5 mg/kg) was administered intravenously for general anesthesia and maintenance. Intubation was provided 6.5 no endotracheal tube and 5.2 mm diameter flexible bronchoscope (Karl Storz®, Germany) was inserted through the inside of the intubation tube. Intraluminal endoscopy revealed the olive pit in the left main bronchus (Fig. 2). The fluids in the luminal passage were aspirated and a cage-shaped foreign body forceps was inserted to the lumen. The olive pit was caught and then removed (Fig. 3). The lateral thoracic radiograph was taken as control (Fig. 1B). Antibiotherapy (amoxicillin clavulanate) and muco-lytic (n-acetylcysteine) applications were continued to prevent the pulmonary infections and bronchial fluids medically. The puppy was discharged from the clinics without any respiration complication at 3<sup>th</sup> days after removal of the foreign body.



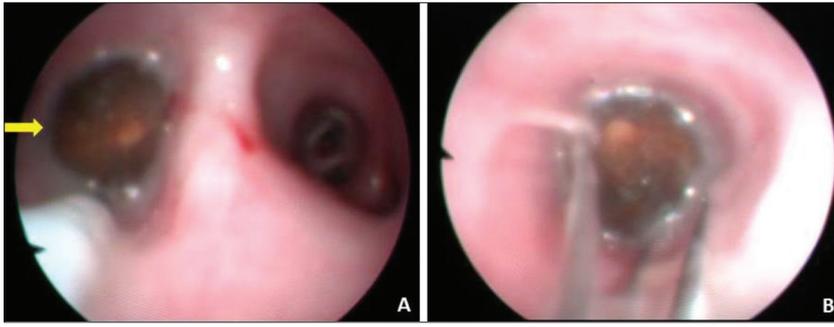
**Fig 1.** The lateral thoracic radiographs of the puppy. A- The yellow circle points out the localization of the olive pit in the tracheal lumen. B- Post-endoscopic control radiograph of the thorax shows the minimal bronchial pattern pulmonary influence

**Şekil 1.** Yavru köpeğin lateral toraks radyografisi. A- Sarı çember trakeal lumen içindeki zeytin çekirdeğinin lokalizasyonunu belirtmektedir. B- Toraksın endoskopi sonrası kontrol radyografisi minimal bronşial desen pulmoner etkilenimi göstermektedir

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**Fig 2.** A- Bronchoscopic appearance of the olive pit (arrow) in the left main stem bronchus, and B- Its removal with cage foreign body forceps

**Şekil 2.** A- Sol ana bronş içindeki zeytin çekirdeğinin (ok) bronkoskopik görünümü ve B- kafes yabancı cisim forsepsi ile çıkarılması



**Fig 3.** The removed olive pit

**Şekil 3.** Çıkarılan zeytin çekirdeği



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