

Uninvited Guest in Airway: Ant-Man

**Southern Ohio
Medical Center**

Very Good things are happening here

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Introduction

Foreign body in lungs are less frequent in adults compared to children/older population with most common cause being aspiration. In the adult population, these are secondary to unconscious accidental ingestion during general anesthesia, sedation, intoxication, seizures or neurologic disorders affecting the oropharynx. Foreign-body aspiration can be unnoticed and remain asymptomatic for a long time. We describe incidental finding of ant during bronchoscopy done for difficult airway.

Case Presentation

21-year-old healthy male diagnosed with carpal tunnel syndrome was scheduled for elective repair. In the operating room, pulmonary was consulted due to difficult airway. Pt successfully intubated using bronchoscopy. During the bronchoscopy, pt had notable secretions which was successfully cleared out. Incidentally, noted to find dead insect in left lower lobe lateral segment. The insect was successfully removed in entirety and identified as winged ant. Chest ultrasound at bedside and chest imaging revealed air-bronchograms compatible with consolidation. No history of unresponsiveness or seizure was documented. It still remains mystery how the ant made its way to the lungs. Due to notable secretions/consolidation, surgery was aborted and rescheduled few weeks later after completing course of antibiotics.

Outcome

Patient returned to clinic few weeks later after completing course of antibiotics with resolution of consolidation with follow up imaging. He proceeded with the surgery uneventful.

Conclusions

Consolidation in a young patient on imaging should prompt consideration of foreign body, as most of these are non-radiopaque. Flexible bronchoscopy is diagnostic and treatment of choice.

Clinical Implication

Foreign body in young patients present as consolidation, should always be in differential.