

WHEN THE AIRWAY CLOSES: DIFFUSE ALVEOLAR HEMORRHAGE AFTER FOREIGN BODY ASPIRATION

M. FLORENCIA COURTOIS, YANEL KONDRATIUK, MATEO FERRERO

Unidad de Cuidados Intensivos Pediátricos, Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

E-mail: florencia.courtois@hospitalitaliano.org.ar

A 10-year-old patient with no significant medical history presented to a local hospital following an episode of upper airway obstruction caused by a meat fragment, which was spontaneously expelled in route to the emergency department. Upon arrival, he was conscious and responsive but exhibited respiratory distress, perioral cyanosis, and oxygen saturation of 85-86%, which improved with supplemental oxygen. He was referred to a secondary hospital, where a chest computed tomography (CT) scan performed within 24 hours revealed findings suggestive of pulmonary hemorrhage (Fig. 1A and 1B). Due to persistent respiratory symptoms and episodes of hemoptysis, he was trans-

ferred to the pediatric intensive care unit for close monitoring. On admission, he was hemodynamically stable, afebrile, with oxygen saturation of 96% on low-flow nasal cannula, and mild tachypnea without signs of increased respiratory work. The patient had a favorable clinical course, with anemia, not requiring transfusion, and complete resolution of respiratory symptoms. Oxygen therapy was discontinued after 48 hours, and a 7-day course of antibiotics was completed. A follow-up CT scan on day 7 demonstrated resolution of the initial findings (Fig. 1C and 1D). He was discharged after 5 days of hospitalization. Parental consent for publication of this case report was obtained.

Figure 1 |

