18) Your patient has presented to the Emergency Department with a lower airway foreign body obstruction. Which of the following is the **most** acceptable intervention when ventilation is unable to be achieved?

A) Intubation and positive pressure ventilation in the hope it will force the item deeper and out of the way

B) Continuous blind deep tracheal suction until the obstruction clears

C) Continue to make removal efforts with Magill Forceps

D) Intubation and positive pressure ventilation in the hope it will force item up and out of the airway

A – This is an emergent, last-ditch effort to achieve ventilation in an aspiration case where a lower airway foreign body obstruction is about to become the cause of death. This is obviously not an ideal intervention, but it can provide a means to ventilate one good lung while stabilizing the child and preparing for a bronchoscopy in the operating room to remove the foreign body.

Foreign body aspiration is not an uncommon issue in children, especially in those 1 to 3 years of age. These little ones are very mobile and still quite low to the ground where they can find all sorts of things. Not only do they find things, but they tend to put everything they find into their mouths. And in addition to non-food items, it's important to remember that these young ones don't yet have molars, so food may be not chewed completely. Of note, over 3,000 children die every year from foreign body aspiration, and food products (peanuts, hot dogs, etc.) are the most commonly aspirated objects.

The basic intervention in an aspiration event is the abdominal thrust, previously known as the Heimlich maneuver, a term which is no longer used per Dr. Heimlich's own request. The abdominal thrust has been around for many years and in many cases, really does work. If it is unsuccessful, then removal with Magill forceps may be attempted if the foreign body is able to be visualized.

Unfortunately, aspirated foreign bodies lodge in a bronchus in 80-90% of cases. In this particular question, we are told specifically that ventilation is not possible; you can't make air go in and out. That makes this a very different story. Given this situation, where nothing else has worked to remove the obstruction, intubation, bagging, and hoping the foreign body goes deeper into one lung is the best answer. The majority of children have two lungs and can live with only one, especially if just for a short time. Rigid bronchoscopy can then be performed in the operating room to remove the foreign body and allow breathing with both lungs to resume. Remember, the American Lung Association motto reminds us... If you can't breathe, nothing else matters!



Pediatric Magill Forceps



Removal of airway foreign body with Magill forceps