A huge fishhook in the right main bronchus

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A 58-year-old male patient with no previous medical history presented to the emergency department with a non-productive cough and hemoptysis. The patient reported that he went fishing and when he returned home he started coughing. He could not remember aspirating or swallowing any foreign body. Chest auscultation revealed a slight stridor over the right chest. Both chest x-ray and CT showed a huge fishhook lodged in the patient's right main stem bronchus (Figure 1). There were no signs of free air in the mediastinum or other signs of perforation. Rigid bronchoscopy failed to extract the fishhook due to its large size which was greater than the inner diameter of the rigid bronchoscope. The patient was taken to the thoracic operating room and the fishhook was surgically removed.

Aspiration of a foreign body must always be treated immediately, because it may traumatize the lining mucosa or cause airway obstruction, atelectasis, bronchiectasis, obstructive pneumonia and lung abscess [1]. Our patient experienced some of the symptoms of foreign body aspiration as cough and hemoptysis but by the time of bronchoscopy, there was no evidence of infection at the site of the fishhook. After appropriate imaging, flexible or rigid bronchoscopy is usually required for removal of a foreign object, however, fishhooks may be more difficult to remove since the "barb" of the fishhook may traumatize the mucosa or even perforate the wall of the bronchus or the trachea during the extraction [2]. In our case, rigid bronchoscopy failed to extract the fishhook due to its huge size making it unable to pass through the lumen of the bronchoscope. Aspiration of a fishhook is extremely rare, however, it can be life-threatening if not properly managed in a timely manner and with caution since major complications can appear during extraction.

Figure 1. A huge fishhook visible in the right main bronchus on: **A.** chest X-ray; **B.** CT scan

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