



# Wheezes are not always asthma or COPD!

**\*Corresponding Author(s): Rafael Andrade-Alegre**

Thoracic Surgery Section, Santo Tomas Hospital,  
Panama, Republic of Panama

Tel: +507-66767814; Fax: 507-2296646

Email: toravasc@cwpanama.net

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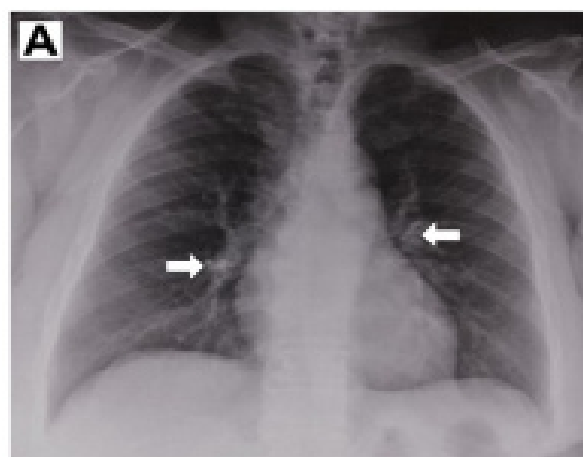
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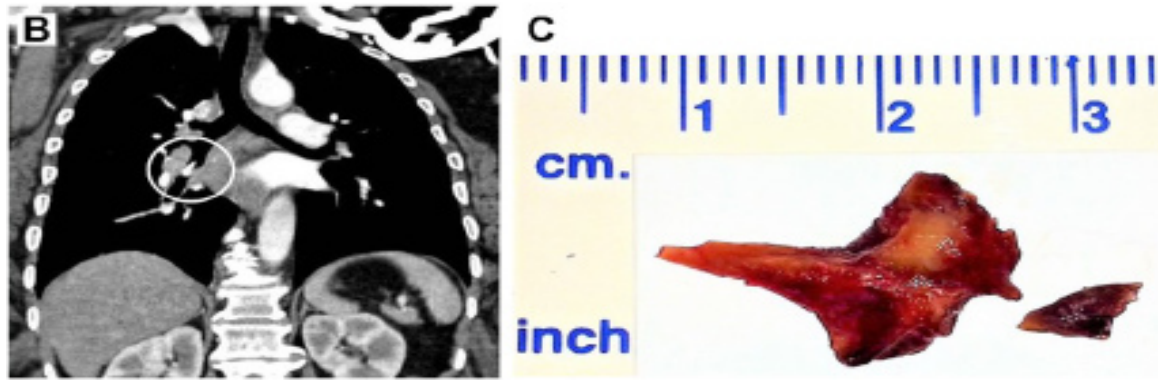
## Clinical Image

### Description

A 59-year-old obese woman from a rural area was referred to the thoracic surgery section. The patient had a history of intermittent hemoptysis for the last couple of weeks. She has been treated for recurrent episodes of wheezes, cough and dyspnea for the last 10 years. For this, she received bronchodilators and, on several occasions, antibiotics for concomitant chest infections. The patient has never smoked but cooked with firewood for many years. A chest X-ray showed an ill-defined calcification at the level of the right and left hilum (Figure 1-A). She underwent computed tomography of the chest, which showed an endobronchial calcified density in the right lower lobe bronchus (Figure 1-B). Diagnosis of a foreign body in the airway was made, and the patient was taken to the endoscopy suite for bronchoscopy. A rigid bronchoscopy was performed, and two foreign bodies were removed without complications. These bodies were 2 pieces of chicken bone, the larger measuring 18 mm in length (Figure 1-C).

On follow-up for the last 2 years, there have been no wheezing episodes or chest infections. Foreign bodies in the airways can mimic asthma or COPD symptoms. A high index of suspicion and a thorough questioning of current and past medical history is necessary to make an accurate diagnosis and a timely treatment, avoiding complications and development of chronic disease.





**Figure 1:** (A): Arrows show an ill-defined calcification at the level of the right and left hilum, (B): Computed tomography of the chest. Circle define an endobronchial calcified density in the right lower lobe bronchus, (C): Foreign bodies removed from the right lower lobe bronchus.

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