

3<sup>rd</sup> Annual Congress and Medicare Expo on

# TRAUMA & CRITICAL CARE

March 13-14, 2017 London, UK

## Fiberoptic bronchoscopy, Should we bring it down? : Case report

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Many diagnostic and therapeutic interventions were pulled down to emergency department in the last two decades like point-of-care applications of ultrasound (PoCUS). Fiberoptic bronchoscopy is another fundamental tool which can provide essential lifesaving interventions to critically ill patients in emergency department. Here, we report a 47 year old male patient, known to have chronic bronchitis and alcoholic liver disease, he presented to the emergency department with a circulatory collapse due to an acute pancreatitis. In Trendelenburg position, right IJ CVC was inserted under ultrasound guidance. Post procedure chest X-ray showed right upper lobe lung collapse which progressed after 2 hours into a total lung collapse and hypoxia. Endotracheal intubation with mechanical ventilation was required and subsequent computed tomographic angiography confirmed in place catheter with no extravasation but a large volume pleural effusion associated with complete lung collapse on the right side. Bedside flexible bronchoscopy, done at ICU by critical care physician, revealed a large mucous plug occluding the right main bronchus with a smaller one at the right upper branching bronchus both were removed immediately. Repeated chest X-ray after 6 hours showed lung expansion with a dramatic decrease of the volume of pleural effusion. Patient was extubated on day three of admission and left the hospital with a full neurological and respiratory recovery on the seventh day. Such a complication was never reported before. The delay of diagnostic and therapeutic bedside flexible bronchoscopy due to unavailability or lack of trained operator could result in potential significant morbidity or mortality. We recommend expansion of training of bedside flexible bronchoscopy to all emergency physicians starting its basics during residency training years.

### Biography

Mohamed E Abbasy is currently working as an Emergency Medicine Clinical Fellow at Hamad Medical Corporation, Qatar. He successfully completed his Injury Prevention Research and Training Program at University of Maryland, School of Medicine, Maryland, USA. He has attended R Adams Shock Trauma Center, University of Maryland, School of Medicine, Maryland in 2008. He completed his training in Emergency Medicine and successfully awarded the fellowship of Egyptian Board of Emergency Medicine in 2009. He has a good experience of working in Gulf region and worked as an Assistant Program Director of Saudi Board of Emergency Medicine in Eastern region, KSA in 2013. He successfully passed his membership examination of Royal College of Emergency Medicine UK in 2014 and European Board of Emergency Medicine in 2016. His research interest includes Critical Care, Trauma and Emergency Ultrasound.

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