

COMPLICATIONS OF IGNORED FOREIGN BODY IN THE RESPIRATORY TRACT

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Introduction: Foreign body aspiration is an emergency condition and may be fatal. Delayed diagnosis and treatment may be associated with complications.

Objective: This study evaluated the association between complication of delayed treatment and complications during the procedure of extracting.

Materials and methods: Foreign bodies are not normally found in the respiratory tract. The complications of delayed treatment could be: obstructive emphysema, atelectasis, tracheoesophageal fistula, bronchiectasis, haemoptysis, lung abscess, bronchopleural fistula, pneumonia, persistent coughing.

Complications during treatment could be: coughing, dyspnoea, wheezing, stridor, haemoptysis, asphyxia, laryngeal oedema, pneumothorax, pneumomediastinitis, tracheobronchial rupture, cardiac arrest. The analysis is to be executed for the period 2016- 2021 year and the data for the survey were obtained from the records of the Department of Ear, Nose and Throat at the University Clinical Centre in Skopje.

Results: All entities that can be aspirated, it can be said that organic, vegetal foreign bodies cause the biggest problems are the most dangerous and life treating conditions, given their unique nature and specific physical and chemical properties.

Conclusion: A history of sudden-onset choking and cough, plus abnormal auscultation and radiological findings, are leading signs in the profile of foreign body aspiration. In these patients bronchoscopy is indicated. As time passes after aspiration the risk of complications is higher. The high prevalence of foreign bodies of vegetal origin is seen in children younger than 3 years of age.

FREQUENCY OF POST AFTER THYROIDECTOMY THYROID CARCINOMA

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Introduction: Thyroid carcinoma is the most common endocrine malignancy and the initial treatment of choice is total thyroidectomy, even in central location. However, by postoperative complications such as hypocalcemia, infection, hematoma, recurrent laryngeal nerve injury.

Objective: The aim of our study was to evaluate the frequency of postoperative complications in TC patients treated with total thyroidectomy.

Material and methods: Retrospective analysis of 100 histopathology reports were performed to determine the occurrence of postoperative complications: a) hypocalcemia; b) recurrent laryngeal nerve injury. Two additional complications and tumor dimensions were also reported. According initial dimensions: 15 mm, 16 - 50 mm, > 50 mm.

Results: We found that over 50% of patients with dimensions were without postoperative complications. The most common were hypocalcemia with dimensions <15mm or 16-50mm (12.3%) and 16 patients (8.1%) vs. 3 (6.4%) cases. Only 1 patient (1%) as postoperative complication of recurrent laryngeal nerve injury. There was no significant difference in postoperative injury (Fisher-F test).

Conclusion: We can conclude that there is no significant relation between tumor dimensions and postoperative complications in TC patients at our department. Further studies including more patients and analysis of hypocalcemia and recurrent laryngeal nerve injury are needed for better understanding the real frequency of postoperative complications.

Keywords: Thyroid carcinoma, postoperative complications