Antacid Tablets Oral Treatment Causing Respiratory Distress: An Uncommon Cause of Dyspnea

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A 67-year-old woman presented to the emergency department for inspiratory and expiratory dyspnea associated with rapidly progressing dysphonia but no oxygen desaturation or fever. She had a medical history of gastroesophageal reflux treated with antacids. Rapid medical history revealed that she had suffered a fall the day before, resulting in an ankle injury. A few minutes later, this fall had led to a vasovagal syncope with loss of consciousness as she was sucking an antacid tablet. Therefore, a foreign body inhalation was suspected. Posteroanterior and profile cervical X-ray imaging (Figure 1) revealed a round radiopaque subglottic foreign body (short arrows), and nasofibroscopy confirmed the presence of a white drug tablet in the subglottis. An endoscopy (Figure 2) was immediately done under general anesthesia to extract the tablet (long arrow). As soon as the patient awoke, her symptoms were completely resolved. At follow-up 12 months after presentation, the patient had no residual symptoms or sign of granulomas and glottic stenosis. Although aspiration of foreign bodies is rare in adults, it is a real diagnostic and therapeutic emergency.

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Figure 1. Posteroanterior (left) and profile (right) cervical X-ray. The short arrows show a round radiopaque subglottic foreign body.

Figure 2. Endoscopic view of the larynx. The long arrow shows the presence of a white drug tablet in the subglottis.

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François Thibouw, analysis and interpretation of radiography for the work, drafting the article, final approval of the version to be published, and agreement to be accountable for all aspects of the work; Mireille Folia, analysis and interpretation of the endoscopy for the work, drafting the legends of panels, final approval, and accountability for the work.

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