III.4.
DIAGNOSTIC AND THERAPEUTIC VALUE OF THE FIBEROPTIC BRONCHOSCOPIC PROCEDURES
IN THE INTENSIVE CARE UNIT AND THE RECOVERY ROOM

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1. INTRODUCTION

In critically ill patients atelectasis and/or collapse of the lung can be life-threatening and therefore an early diagnosis and its emergency treatment is often required. In such circumstances the rigid bronchoscopic procedure is so invasive for these patients that it is hesitated to perform. The flexible fiberoptic bronchoscopic procedure is on the other hand much safer to perform even in critically ill patients with respiratory problems. Since the last year we have tried the fiberoptic bronchoscopy on five critically ill patients over 70 years of age at the bed-side in our ICU or recovery room with good results and without any significant complications.

2. MATERIALS AND METHODS

Case 1. A 72 year-old woman was admitted because of deterioration of ischemic heart disease. She underwent implantation of a cardiac pace-maker because of trifascicular block on July 12, 1979. On the seventh day after implantation a mass lesion was noticed in the left lower lung field (Fig. 1). With bedside fiberoptic bronchoscopic procedure a diagnosis of a lung abscess was confirmed.

Case 2. A 78 year-old woman with atrial fibrillation was admitted to our hospital because of trochanteric fracture of the left femur on July 23, 1979. She was complaining of productive cough but active postural drainage was difficult to employ because of traction of the femur. On the sixth day total atelectasis developed in the left lung (Fig. 2). By means of bronchoscopic aspiration of bronchial secretions the atelectasis was significantly improved. Arterial P02 improved rapidly from 72 up to 100 Torr in consequence.

Case 3. An 80 year-old woman with hemoptysis of significant degree was hospitalized to our ICU in poor condition on July 2, 1979. Atelectasis was found in the upper field of the left lung on the chest x-ray film (Fig. 3). Immediate bronchoscopic procedure at the bed-side disclosed a tumor which obstructed the left upper lobe bronchus and narrowed the lower bronchus. By a punch biopsy of this tumor a diagnosis of squamous cell carcinoma was made.

Case 4. An 83 year-old man was admitted to our hospital because of gastric J.A. Nakhosteen and W. Maassen (eds.), Bronchology: Research, Diagnostic and Therapeutic Aspects. All rights reserved. Copyright 1981. Martinus Nijhoff Publishers bv, The Hague / Boston / London