A Flexible Knot to Untie

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Figure 1. (A) Endoscopic image and (B) illustration depicting the knot in the bronchoscope.

Figure 2. With a second bronchoscope and a snare, the tip of the looped bronchoscope was pulled (A), and the knot was untied (B and C).

A 68-year-old woman with a right upper lobe mass and mediastinal lymphadenopathy was referred for endobronchial ultrasound with transbronchial needle aspiration and bronchoalveolar lavage (BAL). The patient was intubated using a laryngeal mask and was under general anesthesia. With a therapeutic (6.3-mm) flexible bronchoscope, the BAL was performed in the usual fashion by wedging the bronchoscope in the anterior segment of the right upper lobe bronchus (RULB). At the end of the procedure, the bronchoscope could not be removed. A second pediatric bronchoscope (3.8 mm) was introduced, and the first bronchoscope was seen looped and trapped in the trachea (Figure 1).

Our hypothesis is that there was an unrecognized fissure proximal to the bending section of the bronchoscope. Wedging in the RULB in a sharp angle led to fracture of the instrument, which, combined with the usual advancing and retracting maneuvers, led to the formation of the loop (Figure 1). The bronchoscope was unlooped using a snare (Figure 2). As a consequence of the complication, mild erythema of the trachea and a small hematoma on the left vocal cord were observed. The patient was discharged the same day without any sequelae.

Author disclosures are available with the text of this article at www.atsjournals.org.

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