CLINICAL SNAPSHOT

Complete Cast of the Bronchial Tree

An 80-year-old man with Parkinson's disease was transferred to our critical care unit because of hemoptysis. While the patient was being moved into the critical care bed, resuscitation became necessary.

Inspection of the pharynx revealed a mixture of secretions and clotted blood. After the pharynx was cleared by aspiration the largest clot could be grasped with a Magill forceps and was cautiously removed. This clot turned out to be an almost complete cast of the tracheobronchial system. The subsequent intubation was uncomplicated and the patient fully recovered. Endoscopy and computed tomography showed no thoracic bleeding. Laboratory diagnostics, including thromboelastometry, ruled out any relevant coagulation disorder.

Despite extensive diagnostic efforts the primary bleeding site remained unidentified. The probable cause was self-limiting bleeding somewhere in the upper airways, leading to progressive aspiration in this patient with severe dysphagia and a very weak cough reflex. This could have facilitated appositional thrombus growth resulting in this remarkable cast we found.

Dr. med. Wolfgang Parsch, Jan Welker, Prof. Dr. med. Joachim H. Ficker, Klinik für Innere Medizin 3, Schwerpunkt Pneumologie, Klinikum Nürnberg, Universitätsklinik der Paracelsus Medizinischen Privatuniversität, wolfgang.parsch@klinikum-nuernberg.de

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Cast of the central tracheobronchial system. The right bronchial system is seen in the upper part of the image.