Clinical picture

Endobronchial mascara brush

An 80-year-old woman presented to her local casualty department with sudden onset of increasing dyspnoea and wheeze having been applying her make-up. She had a history of previous laryngectomy for laryngeal cancer 15 years earlier with no recurrence and no history of primary lung disease. On examination, she was tachypnoeic and her resting saturations were 92% on air and a monophonic wheeze was noted on the right with reduced chest expansion. A chest radiograph confirmed the presence of a serrated foreign body (Figure 1) that appeared to be in the right tracheobronchial tree extending down to the bronchus intermedius. Bronchoscopic examination via her stoma confirmed a 4-cm foreign body extending from the right main bronchus down into the bronchus intermedius and right lower lobe basal segments (Figure 2). This was removed using forceps as it was not possible to thread a basket round the distal end of the object and confirmed to be a mascara brush (Figure 3). Her symptoms and signs were promptly relieved with resting saturations returning to 98% on air. The patient subsequently recalled dropping her mascara brush immediately prior to her symptoms developing.

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Figure 3. Macroscopic appearance of foreign body: 4 cm proximal end of a mascara brush applicator.