coronary angiography with a view to salvage angioplasty. Some patients will have reper-fused by the time of coronary angiography if the above ECG criteria are applied, but we believe that the potential benefits far outweigh the risks of an 'unnecessary' angiogram.

A G C SUTTON
M A DE BOLDER

Cardiothoracic Division, South Cleveland Hospital,
Marton Road, Middlesbrough TS4 3BW, UK

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Images in medicine

Foreign body aspiration

A 76-year-old woman with known squamous carcinoma of the post-cricoid region, previously treated with laryngopharyngectomy and radiotherapy, was referred to a tertiary hospital having aspirated her Blomsinger tracheo-oesophageal valve (size 10 mm, figure 1). Clinically she had a stridor, and was cyanosed, dyspnoeic and unconscious. Oxygen saturation was 85% on 60% inspired oxygen via a Venturi mask. Chest X-ray (figure 2) showed a massive left hydropneumothorax (pneumothorax was created by a previous aspiration) and the Blomsinger valve lodged at the right hilum. Fibre-optic bronchoscopy revealed the valve to be lodged in the right intermediate bronchus. When the valve was removed the patient rapidly improved, with an oxygen saturation of 98% on 40% inspired oxygen.

The anatomy of the bronchial tree is such that the right main bronchus is shorter and wider than the left, and it separates off from the vertical at about 25° compared to the left at 45°. This makes aspiration more common in the right lower and middle lobes.

Figure 1 Blomsinger tracheo-oesophageal valve

Figure 2 Chest X-ray

S P L MEGHJEE

Department of Anaesthesia, York District Hospital, York YO3 7HE, UK

EMMA THOMAS

Specialist Registrar in Oncology, Leeds General Infirmary, Leeds LS1 3EX, UK