



"All that wheezes is not asthma"

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Emerg. Med. J. 2008;25;311
doi:10.1136/emj.2007.050930

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episodes of cardiac arrest. Furthermore, additional catheter-based thrombolysis was successfully combined with therapeutic hypothermia without significant bleeding. This report suggests that continuous catheter-based thrombolysis together with hypothermia may be feasible.

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Accepted: 10 December 2007

Funding: None.

Competing interests: None.

Patient consent: Informed consent was obtained.

Emerg Med J 2008;**25**:310–311.
doi:10.1136/emj.2007.056390

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Images in emergency medicine

“All that wheezes is not asthma”

An 18-year-old Caucasian man, normally fit and healthy, presented to the accident and emergency department with a 2-day history of chest tightness and wheeze followed, on the day of presentation, by a single episode of haemoptysis. On examination he was afebrile and haemodynamically stable. Oxygen saturation was 97% on room air. Chest auscultation revealed widespread rhonchi throughout the lung fields. The peak expiratory flow rate was 265 l/min pre-nebuliser and 445 l/min post-nebuliser. He was sent for a chest radiograph and, on his return, started to cough persistently, resulting in the eventual expectoration of a tooth. On further questioning he stated that he had been assaulted 2 days earlier, prior to the start of his respiratory symptoms. The radiograph confirmed the presence of a radio-opaque foreign body in the right main bronchus (fig 1).

Although unusual, this case serves as a reminder always to consider foreign body aspiration in new-onset wheeze, even in adults and, unusually, even when bilateral. The adage “all that wheezes is not asthma”, first recognised by Chevallier Jackson about 100 years ago, still rings true today.¹

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Patient consent: Patient consent has been received for publication of the details of this case.

Emerg Med J 2008;**25**:311.
doi:10.1136/emj.2007.050930

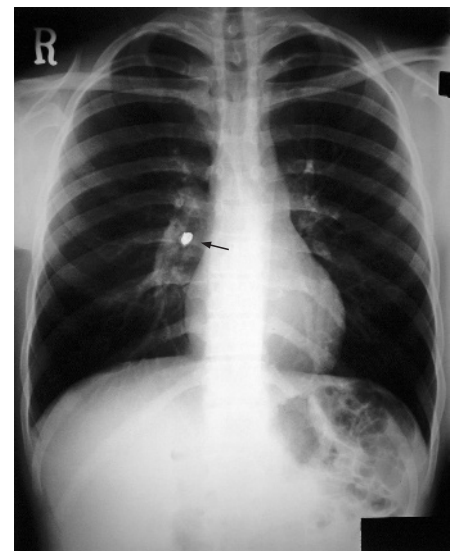


Figure 1 Radiograph showing a radio-opaque foreign body in the right main bronchus.

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