

Barium Contrast Aspiration

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An 82-year-old woman with type 2 diabetes mellitus was evaluated for aspiration pneumonia. She reported progressive dysphagia to solids and liquids for 4 years. Barium contrast esophagram was attempted; however, the patient aspirated a large volume of contrast medium (**image A**). She experienced acute hypoxic respiratory failure requiring intubation. Bronchoscopy was performed with aspiration of about 5 mL of contrast, and she was extubated without complication. Because of the high risk of aspiration events recurring, she elected for surgical gastrostomy tube placement for enteral nutrition and remained in stable condition on follow-up after discharge.

Barium sulfate aspiration is a rare cause of clinically significant pulmonary disease.¹⁻³ Risk factors for barium contrast aspiration include

advanced age,¹⁻³ known oropharyngeal dysphagia,³ head and neck cancers,³ and vomiting.² Management includes supportive care with oxygen and chest physiotherapy.² Bronchoscopy with suction may be used with caution in severe cases; however, there is risk of seeding of contrast throughout the bronchial tree.^{1,2} (doi:10.7556/jaoa.2019.097)

References

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