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Live leech in the trachea: an unexpected cause of haemoptysis

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A 10-year-old boy presented to the authors' emergency department with a 1-month history of intermittent haemoptysis and progressive dyspnoea. He had no fever, hoarseness, odynophagia or dysphagia. He was used to drinking untreated water before the symptoms began. On examination, mild inspiratory stridor was heard. A computed tomography scan of the chest showed a soft tissue density in the cervical trachea (Figure 1a). Rigid bronchoscopy examination under general anaesthesia revealed a living segmented worm-like foreign body lodged in the trachea with its sucker clinging to the mucosa (Figure 1b). After topical application of lidocaine, this was gently removed using blunt forceps and was identified as a leech.

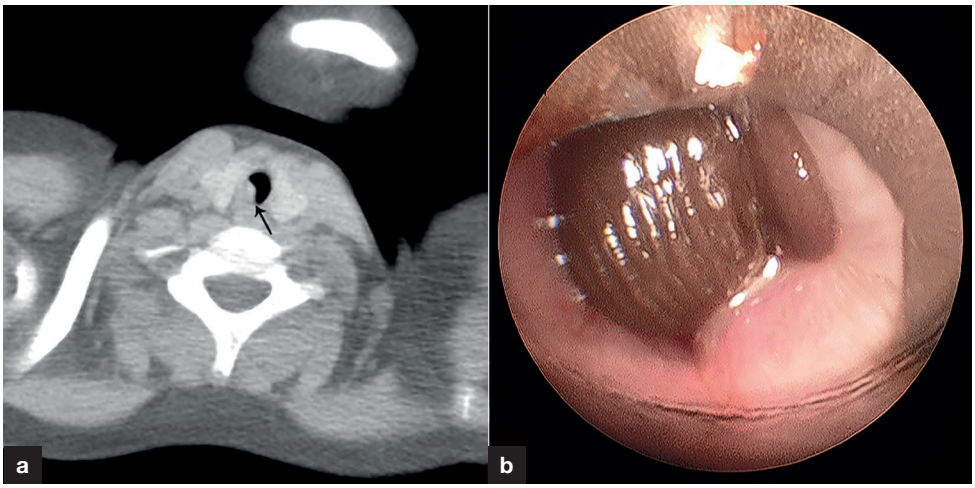

Figure 1. a. Axial computed tomography scan showed a soft tissue density in the cervical trachea (arrow). b. Intraoperative exploration via rigid bronchoscopy revealed a living leech lodged in the cervical trachea with its posterior sucker clinging to the mucosa.

Leeches are segmented annelid worms that are equipped with two suckers (Beka et al, 2018). Generally, symptoms of respiratory hirudiniasis include bleeding (epistaxis or haemoptysis) and mechanical obstruction (nasal obstruction, hoarseness or dyspnoea).

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Reference

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