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Barium aspiration

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A 75-year-old man with known chronic obstructive pulmonary disease and oral cancer, managed with surgery and radiotherapy 15 years ago, developed progressive dysphagia over the prior years. Because of postprandial abdominal pain for the previous 6 weeks, a barium swallow was performed elsewhere. During the procedure, he aspirated barium and developed dyspnoea and hypoxia. He was intubated and treated with antibiotics and then discharged. Six days later, he came to our hospital with increasing cough, fever and hypoxia, manifesting diminished breath sounds with bilateral crackles and ronchi. Chest roentgenogram showed opaque material in both lower lobes, right greater than left, consistent with barium aspiration. He was treated with bronchodilator, oxygen inhalation and appropriate antibiotics. Patients with oropharyngeal diseases are at higher risk of aspiration. Barium, although inert, is known to cause aspiration pneumonia.¹ In severe cases, barium aspiration is reported to cause death, especially in older patients.^{2 3}

Learning points

- Patients with oropharyngeal diseases are at higher risk of aspiration during oral contrast studies.
- Modified barium swallow evaluation may reduce the chance of aspiration.

Competing interests None.**Patient consent** Obtained.**REFERENCES**

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Figure 1 Chest x-ray, posteroanterior view. **Figure 2** Chest x-ray, lateral view.

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Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Kawsar HI, Shahnewaz J, Ricaurte B, Daw HA. Barium aspiration. *BMJ Case Reports* 2012;10.1136/bcr.02.2012.5891, Published XXX

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