

Massive Pulmonal Complications in a Young Adult Following Lamp Oil Aspiration

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A 19-year-old female had taken up, in a cup, coloured lamp oil from a broken ornamental lamp. Some time later, she inadvertently ingested a small amount of the oil from this cup. Immediately afterwards, she had a strong burning sensation in her throat, felt compelled to take deep breaths and observed an increasing shortage of breath. This was followed by vomiting, then by serious coughing events with aphonia for about 60 minutes.

She was admitted to a hospital ca. 2 hours later. On admittance, lungs were generally inconspicuous, there was only light tachycardia. Her general condition worsened overnight, there was severe dyspnoea, together with thoracic pain and high temperature (40 °C). Chest x-ray examination revealed large infiltrations of the lower lobes.

The severely ill patient was transferred to a pulmonological hospital and immediately subjected to bronchoscopy. With the exception of an intensely reddened left vocal chord, there were no other signs in the part of the bronchial system accessible by bronchoscopy.

The patient was under intensive care and treated by i.v. dosages of different antibiotics over 4 weeks. A change of the antibiotic resulted in a massive rise of temperature so that the patient had to remain under i.v. treatment for another 3 weeks. After long-term oral antibiotic therapy had been instituted, the patient could be discharged after 3 ½ months, yet exhibiting residual manifestations (lung abscesses right, lung emphysema, 3rd degree obstructive lung ventilation disturbance, respiratory partial lung insufficiency). Recidivation occurred 4 weeks later.

Because of a severe exacerbation, the patient had to take a course of i.v. antibiotic treatment for another 2 ½ months. At that time, there were indications of a secondary *Candida glabrata* infection. Since during that period, she suffered from sometimes massive bloody cough, the patient was presented to a specialized department of chest surgery to clarify whether there was an indication for surgical intervention.

Initially, an operation was not considered. However, owing to progressive worsening of her general condition associated with permanent dyspnoea under rest and massive dyspnoea under physical strain, it became necessary to perform posterolateral thoracotomy in the region of the patient's right lung ca. 14 months after she had ingested the lamp oil.

Operation revealed large adhesion areas over the entire diaphragm and numerous additional strand-like adhesions, which were detached. During a two-month rehabilitation treatment which followed, the patient's state worsened again to such a degree that antibiotics had to be administered by the i.v. route over extended periods. Between June 1995 and December 1996, the patient had to stay in hospital for 51 weeks. Over a period of 38 weeks, she received an i.v. and p.o. treatment of 14 different antibiotics and antimycotics, mostly in combination, and in addition surgical intervention.

Despite this intensive therapy, based on the available recent bronchographic and computerized tomography findings, a resection of the entire lower lobe of the right lung is considered at present. This exemplary case has shown, that accidental lamp oil ingestion may also occur among adults and late sequelae should not be underestimated.