Many unusual Laryngo-tracheobronchial foreign bodies have been reported in the literature but the one we encountered appears to be unique. The case is being reported not only because it is most unusual but also as a warning to surgeons that one cannot be too careful on the operating table.

**Case Report**

A ten year old boy was admitted to the surgical ward with bilateral scrotal swellings, which were diagnosed as hydrocoele with hernia. On clinical examination he was otherwise normal. He was operated upon the next morning. The child was well until two hours after the operation. When he developed a stridor which went on getting worse. The ENT department was sent an urgent call. The patient was found to have severe airways obstruction resulting in cyanosis. Therefore an emergency tracheostomy was performed. The next day, Laryngoscopy under anaesthesia was done and a large, loose, whitish mass, which was obstructing the larynx totally, was removed (Fig.).

Histopathological examination showed it to be a hydrocoele sac.
On enquiry, it was found that the surgeon had placed the resected hydrocoele sac on the towel covering the chest of the patient. The anaesthetist had used that towel, soon after, for wiping the mouth of the patient to remove some secretions not having noticed the tissue lying on it. That is how the tissue had been inhaled by the patient.

Comments

The reporting of the case is not meant to cast aspersion on our surgeon colleagues. It is just that we feel this most unusual FB must be reported not only as something of interest but also as a warning to all surgeons that swabs, towels and instruments are not the only materials which are likely to be left in a patient's body. Utmost care has to be taken to account for each and every article surrounding the anaesthetised patient including the tissues removed from his/her body.