Conclusion
Bronchoscopy should be performed for all suspected patients with foreign body aspiration. Virtual bronchoscopy is a non-invasive and modern method, that can reduce the number of unnecessary bronoscopies especially at the organic foreign bodies.

Introduction
Children, and in particular young children under the age of three, are most vulnerable for aspiration of foreign bodies. History, clinical examination and chest x-ray are the first steps in diagnosing foreign bodies. A real problem occurs when radiolucent foreign bodies are aspirated without relevant history or clinical signs, even indirect radiological findings. CT, virtual bronchoscopy and tracheobronchoscopy are then mandatory.

The Goal of the poster
To study efficiency and specificity of virtual bronchoscopy in aspiration of radiolucent foreign bodies in children.

Methods
We performed a 10 years retrospective analysis of 102 cases with suspected or confirmed foreign body aspiration admitted in ENT Pediatric Department. 74 (72.54%) were children under THE AGE OF 3. For 28 (27.45%) patients history and clinical examination were relevant for the diagnosis, in 48 patients (47.05%) we performed in addition posteroanterior and lateral chest x-ray and in 26 (25.49%) cases, virtual bronchoscopy was performed. Organic foreign bodies were found in 78 (76.47%) of the patients. Most common organic foreign bodies were peanuts, sunflower and nuts.

Results
There was only one false positive case detected by virtual bronchoscopy (a mucus plug). From 26 cases, 19 were true positive and 6 were true negative. No foreign body cases were missed while negative bronchoscopy was performed in 4 cases (15.38%) according to another study.

Clinical history, physical examinations, and radiological findings are not able to detect the presence of a radiolucent foreign body aspiration in children. Therefore, a bronchoscopy should be performed on children in whom a choking event has been witnessed, even in cases of normal radiological and clinical findings.