Aspiration of foreign body (AFB) is a frequent problem in children and a usual cause of morbidity and mortality even nowadays. Diagnosis is often delayed (for over a month) or overlooked due to lack of clinical history or signs of aspiration while physical examination and radiological findings have a low sensitivity.

The objective is to present six cases of AFB which were diagnosed and treated at least two months after the initial episode.

- During the last five years, we performed 64 bronchoscopies (using mainly rigid bronchoscope) under the suspicion of AFB and 47 foreign bodies were found and removed.
- Six cases were presented after two to six months from the suspected aspiration with symptoms ranging from recurrent pneumonia to chronic cough and haemoptysis.
- Three children were male and three were female. Their age ranged from 15 months to 7 years old.
- Radiological findings included hyperinflation of the lung, atelectasis and mediastinal shift, while one patient had a normal chest x-ray.

- Bronchoscopy showed 4 organic (chicken bone, barley, almond, ilex aquifolium) foreign bodies (FB), 1 non organic (plastic item), while no FB was found in one case. However, signs of FB inflammation (granulation tissue, bleeding on touch and localized thickening of the bronchus) were present in all cases.

- Postoperatively all of them were treated with bronchodilator and steroid nebulizer, intravenous antibiotics and chest physiotherapy, while hospitalization lasted from 2 to 6 days.
- In two cases, steroid therapy also used preoperatively and a second bronchoscopy performed three days later, while bronchial biopsy was taken.
- Especially at the barley’s case, flexible bronchoscope and thoracic surgeon assessment was needed due to its particularity to remove at the distant bronchus when breathing and coughing.

- All the FBs were successfully removed with the help of optical forceps. There was no morbidity, while postoperatively and on follow up, no complications were found.

In paediatric patients with chronic recurrent respiratory tract symptoms, even in the absence of clinical history, examination and positive radiology, the diagnosis of foreign body aspiration should be completely excluded due to its potential complications.