IMAGES IN EMERGENCY MEDICINE

Pediatrics

A 16-year-old boy with throat pain

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1 | CASE PRESENTATION

A 16-year-old boy presented complaining of something sharp in his throat. He developed pain after eating canned sausages and beans. The patient denied any choking or difficulty breathing. His mother shared her son has a habit of chewing on random objects, such as pen caps, bottle caps, and so on. On examination, there were no signs of respiratory distress. He had clear air entry on chest auscultation and a benign abdomen.

2 | DIAGNOSIS

2.1 | Accidental foreign body ingestion

Lateral neck (Figure 1) and chest radiographs (Figure 2) showed a linear density overlying the trachea at the level of the clavicular heads of undetermined significance, possibly being artifactual. Pediatric surgery performed an endoscopy, which removed a foreign body from the mid-esophagus appearing to be metallic in nature (Figure 3).

3 | DISCUSSION

The Food and Drug Administration has reported potential hazards from ingested metal fragments \geq 7 mm in size, which include dental damage, laceration of the mouth or throat, or laceration or perforation of the intestine.¹ The use of a can opener may allow for a sliver of the metal lid to become mixed with the contents of the can. Unfortunately, this was likely the case for our patient.



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FIGURE 1 Lateral neck radiograph without evidence of esophageal or tracheal dilatation. L, left

With suspected foreign body ingestion, the clinical history and index of suspicion combined with the presence of symptoms should guide imaging and evaluation.² A high level of suspicion should be maintained, as delays in diagnosis can increase the risk of complications.³

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(A)

(B)



(C)

FIGURE 2 Chest radiograph, posterior-anterior (A) (B) and lateral views (C) depicting a linear density overlying the trachea at the level of the clavicular heads (yellow arrow). L, left

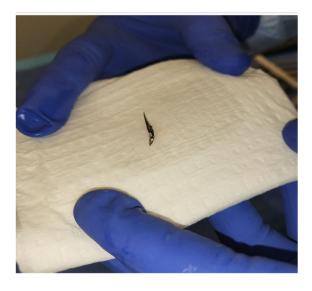


FIGURE 3 A 2-cm, metallic, sharp-edged foreign body embedded in the mucosa of the mid-esophagus and extracted during endoscopy

REFERENCES

- Olsen AR. Regulatory action criteria for filth and other extraneous materials. I. Review of hard or sharp foreign objects as physical hazards in food. *Regul Toxicol Pharmacol*. 1998;28:181-189. https://doi.org/ 10.1006/rtph.1998.1249
- Kramer RE, Lerner DG, Lin T, et al. Management of ingested foreign bodies in children: a clinical report of the NASPGHAN endoscopy committee. J Pediatr Gastroenterol Nutr. 2015;60(4):562-574. https://doi. org/10.1097/MPG.00000000000729. PMID: 25611037.
- Louie MarisaC, Bradin; Stuart. Foreign body ingestion and aspiration. *Pediatr Rev.* 2009;30(8):295-301. https://doi.org/10.1542/pir.30-8-295

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