UNSUSPECTED FOREIGN BODIES IN THE AIR PASSAGES AND ESOPHAGUS.

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Ordinarily the symptoms of foreign bodies in the air passages and upper food passages are very pronounced. These, in connection with the history, make the diagnosis comparatively easy. The X-ray must not be left out in considering such a diagnosis. However, in some cases, from the nature and history of the case, we may feel that the X-ray could give no possible aid. This is true in many cases. In some cases of very difficult breathing where X-ray could not be had at once, I resorted to bronchoscopy without waiting for an X-ray picture. The cases reported herewith present some unusual features which may be worthy of consideration.

Case 1. A prune seed removed from the esophagus which was unsuspected and which lodged above an esophageal stricture and acted as a valve, thus completely cutting off all communication of even liquid to the stomach.

A boy three years old, while playing about the yard, in the fall of 1919, became very thirsty and hurried into the kitchen to get a drink. There was a cup of concentrated lye on the table and this the child seized and drank. The child had great pain, the mucous membrane in his mouth, pharynx and tonsils was very badly burned and a great deal of sloughing took place.

He was seen and treated by the family physician who applied the usual remedies for such cases, with the result that by the middle of January the child was having a great deal of difficulty in swallowing even liquids. This difficulty increased until the second day of February, 1920, when I saw the child, getting the history heretofore mentioned.

The history and symptoms were so positive of an esophageal stricture that no X-ray was made. The child was sent to the hospital for esophagoscopy and to dilate the stricture. The esophagoscope was passed without any anesthesia, following Dr. Jackson's advice, and a prune seed lying above the stricture was encountered and removed. This was wholly unexpected from the history of the case and symptoms. The esophagoscope was again inserted and a small opening in the stricture was found and a small bougie was passed. Larger bougies were successfully passed and finally the esophagoscope

was gently insinuated beyond the stricture. The child was given a glass of water which he drank without any trouble; later he had several glasses of milk.

Swallowing was still good the following day and we dismissed the child with instructions to return for another esophageal dilation. Fluids were easily passed up to March 8 when I again inserted the esophogoscope and again dilated the stricture, this time to a greater extent than on the first occasion. The child immediately left the hospital, as there was no anesthetic used, with instructions to report in two or three weeks. I have heard from the family physician that the child drinks and eats perfectly well and has no difficulty whatever. I have not seen the child since the 8 day of March, 1920.

Illustration: Prune Seed, Figure 1, Case 1. Prune seed removed from the esophagus of a child three years old.

Comment: There was no history of a foreign body and the parents did not know the child had had a prune. This seed was lying above the stricture and acted as a valve, thus preventing even fluid into the stomach. This would have been a very excellent case for the X-ray. This foreign body was wholly unsuspected and it occurred to some at the hospital that when we found the prune seed, that that was probably the cause of the inability to swallow. However, the esophagoscope proved that there was also a stricture, which made the dilation of stricture comparatively easy. This case illustrates another point, and that is the value of no anesthesia, as advocated and practiced by Dr. Jackson.

Case 2: A root of a tooth accidently dropped into the bronchus during extraction of teeth under general anesthesia. A woman aged 50.

Mrs. M., age 50, weight 180, had several upper teeth extracted under general anesthesia February 5, 1920, about Ten A. M. The family doctor was called over the telephone about Four P. M. on account of the patient having head ache. Ten grains of aspirin were advised. No more was heard from the patient until the next afternoon, when the family physician was again called to see her. At this time she was complaining of general aching, had a dry hacking cough, temperature slightly elevated, was quite nervous and complained of being unable to rest.

These symptoms grew gradually worse until February 9, when it was thought that she had influenza. Hypnotics and cough sedatives were given freely but with no relief. The patient coughed

a great deal with practically no expectoration. At this time the patient was unable to sleep and the temperature ranged from normal to about 101. On February 10, I was called in consultation in order to determine if there were any focal infection of the sinuses and tonsils. These structures were perfectly normal; however, as the symptoms were suggestive of focal infection, we decided that an X-ray of the sinuses and chest would probably throw some light on the case. As the patient felt unable to be moved at this time, we decided to keep the patient under observation until she was sufficiently able to be moved to the X-ray.

These symptoms continued without relief and without any change until February 25, when another family physician was called in and took charge of the case. From him, I learned that her symp-

Fig. 1

Fig. 3

Fig. 2

Fig. 1 (Case 1). Prune seed removed from the esophagus of a child three years old.

Fig. 2 (Case 2). Photograph of root of tooth expelled during fit of coughing from a lung where it had accidentally dropped during extraction of teeth under general anesthesia.

Fig. 3 (Case 3). Photograph of a small particle of a cedar branch removed from a child's post-nasal space, 5 months old, which had the unusual symptoms of gagging.

toms grew worse until March 1, when in a coughing paroxysm she coughed up a root of a tooth. She immediately began expectorating a purulent material, which persisted for a few days. All other symptoms subsided and she made a complete recovery.

Comment: This case is unusual from many points of view. The dentist who extracted the teeth was sure he accounted for all teeth and their roots. He could not believe it possible for a root to have been dropped into a bronchus. The symptoms of the patient were very suggestive of a focal infection. It is also probably unusual that a foreign body of this character could be coughed out spontaneously. Having a sojourn of about a month, one would naturally ex-

pect a reaction and such swelling around the foreign body to be sufficient to prevent its expulsion spontaneously. It is interesting to note that the patient made an immediate and prompt recovery after the removal of a foreign body from the bronchus. If the patient had been able to go to the X-ray, we would have been able to locate the foreign body and, no doubt, we would have done a bronchoscopy long before the patient expelled it herself. I regret that I am unable to show an X-ray location of this foreign body in the bronchus. Considering the great number of extraction of teeth under general anesthesia, it is really surprising that more accidents of this nature do not occur. This case was a very perplexing one as there was nothing to indicate that the patient carried the foreign body. The doctor who gave the general anesthetic saw the dentist apparently account for all the teeth and their roots. This root must have been a supernumary one and was so necrotic that it dropped off in the mouth following the extraction of a tooth and into the patient's lung.

Case 2; Figure 2: "Photograph of root of tooth expelled during fit of coughing from a lung where it had accidentally dropped during extraction of teeth under general anesthesia."

Case 3: A sprig of cedar removed from an infant's post-nasal space with symptoms suggesting foreign body in the esophagus or pharynx.

A child probably five months old was brought to me in May, 1912, with the history that the child was unable to nurse. The mother said that for several hours previous, that every time the child attempted to nurse there occurred paroxysms of gagging. She did not know if the child had been playing with anything that it could get into its mouth or throat. During the time that she waited for the symptoms to subside there was no improvement. She hastily brought the child to me on Sunday afternoon when I was just ready to go to the country for a drive with my family.

From the history, I thought probably there must be something in the pharynx or esophagus. With a tongue depressor, I looked into its pharynx with negative results. With a small laryngeal speculum I pulled the tongue forward and could see there was no foreign body in the larynx. I looked into each pyriform fossa and there was no evidence of a foreign body.

As the child had no difficulty in breathing and was disturbed only when an attempt at nursing was made, I decided to wait till the following day and get an X-ray picture before making any

further attempts at finding its trouble. An X-ray picture showed no foreign body present anywhere. As the child continued to gag when it attempted to nurse, I decided to do an esophagoscopy for diagnostic purposes. The esophagus was explored and no foreign body found.

The symptoms were so unusual, that at this point, I was quite a bit upset over my not finding the foreign body in the esophagus. In order to clear up the diagnosis, I passed a small bronchoscope into the trachea with no evidence of foreign body. At this particular time it occurred to me that the only place a foreign body could be would be in the post-nasal space, since I had excluded the pharynx, larynx, trachea and esophagus. Pulling the soft palate gently forward with a hook, I could see a foreign body well up in the post-nasal space. This was at once seized with a pair of forceps and gently removed. It proved to be a small particle of a cedar limb, which, no doubt, the child had picked up off the floor and placed in its mouth. Probably, this lodged in the pharynx and during a period of gagging was pushed high up in the post-nasal space where I finally found and removed it.

Case 3, Figure 3: Photograph of a small particle of a cedar branch removed from a child's post nasal space, 5 months old, which had the unusual symptoms of gagging.

Conclusions: 1. That our limited experience convinces that there are many advantages in the removal of foreign bodies in children without any anesthesia whatever, as Dr. Jackson has many times emphasized.

2. That there is absolutely no danger in doing exploratory esophagoscopy or bronchoscopy if done without anesthesia and very carefully and gently carried out.

3. That in the case of the foreign body, tooth root in the bronchus, that an X-ray would have located the trouble which would have given bronchoscopy a chance to relieve the patient.