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Neglected Foreign Body Larynx

Inhaled foreign bodies rarely become impacted in the larynx(1). These are almost always symptomatic and, therefore, neglected foreign bodies in the larynx are of rare occurrence(2).

A three-year-old child was brought with complaints of hoarseness, cough and dyspnea on exertion of three days duration. Examination revealed a healthy child with no signs of upper respiratory tract obstruction. A diagnosis of acute laryngitis was entertained. *X*-ray soft tissue neck lateral view revealed a radio-opaque foreign body just above the glottis (*Fig.*). On further interrogation, the mother revealed that the child has swallowed a stainless steel ring 4 months back. However, after an initial bout of cough and choking there were no other symptoms and no treatment was sought. the larynx was visualized under general anesthesia. A metallic ring of 12 mm diameter was found just above the right vocal cord firmly wedged in the right side between the true and false vocal cords. It was removed with ease, there being no foreign body reaction or bleeding during removal. The child was put on antibiotics and steroids for 5 days and made uneventful recovery.

Foreign bodies in the larynx are very rare and those in the ventricle of larynx as in the present case are unknown. The important symptoms of laryngeal foreign

Fig. X-ray soft tissue neck showing foreign body larynx (metallic ring).

bodies are: hoarseness, cough, aphonia, odynophonia, wheezing, dyspnea, stridor, cyanosis, apnea and a subjective sensation of foreign body. Non-obstructive foreign bodies, however, may not produce any symptoms after the initial bout of cough as in the present case. This, in the present case, was possibly because the stainless steel ring excited very little tissue reaction. Management of foreign bodies in the larynx is removal under general anesthesia after direct visualization. It may sometimes require tracheostomy(3). Back blows, chest thrusts and Heimlich's manoeuvre are avoided unless there is complete obstruction which may prove fatal.

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Irrational Use of Oral Rehydration Solutions

Diarrhea is one of the major factors of morbidity and mortality in children in developing countries. It is now proved beyond doubt that the early use of oral rehydration solution (ORS) is the most effective method to reduce this morbidity and mortality. Due to wide publicity, the use of ORS is increasing. However, occasionally clinical problems arise out of irrational use of ORS due to lack of knowledge on part of the health workers and parents. One clinical problem, occasionally seen is swelling of legs and sometimes face due to excessive use of ORS.

Over the last 6 months, we have seen 22 cases between 0 and 7 years of age, amongst 1027 cases of diarrhea admitted in children ward, having swelling of legs and face due to use of ORS as the only fluid since onset of diarrhea. In all cases, clinical dehydration was absent, nutritional status was mostly Grade-I malnutrition (IAP classification) and babies were fed only ORS. Six cases of 112 admissions (5.4%) were among 0-3 months age group, 8 out of 308 (2.6%) were among 3 months to 1 year and 8 out of 607 cases (1.3%) were above 1 year of age. Puffiness disappeared within 2-5 days of withdrawal or marked diminution of ORS intake and liberal intake of free water to satisfy thirst in all cases and allowing milk feeding in infants and soft diet in elderly children.

In a survey amongst health personnel of our hospital, 52 doctors and 82 nurses, 25% advised ORS as the only fluid during diarrhea, 65% advised use of ORS and free water and 10% advised only free water. This reflects the paucity of knowledge regarding use of ORS amongst the health workers.

In usual infantile diarrhea, sodium loss in stools is around 50 mmol/L and sodium concentration in the consumed universal ORS (WHO) is 90 mmol/L(1). Replacement of the free water requirements solely