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Drooling toddler

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Abstract

A 2-year-old female was brought to the emergency department due to decreased oral intake and drooling that began earlier the same day. Upon exam, vitals were unremarkable, and the patient had no respiratory distress. Point-of-care ultrasound was used to diagnose an esophageal foreign body (Figure 1) confirmed via X-ray (Figure 2).

Keywords: Pediatric ingestion; Esophageal foreign body; Esophageal ultrasound.

Introduction

A 2-year-old female presented to the emergency department with decreased oral intake and drooling. There was concern that she had been fed a coin by her 4-year-old sister earlier that day. Her vital signs were appropriate, and she did not have any stridor or respiratory distress.

Diagnosis

Esophageal foreign body: Point-of-care ultrasound was readily available and showed a linear, hyperechoic foreign body with posterior shadowing in the esophagus (Figure 1), consistent with a coin [1]. Chest X-ray confirmed this, identifying a coin at the level of the thoracic inlet (Figure 2). The patient was admitted for endoscopic retrieval.

Discussion

Pediatric patients are responsible for the majority of ingested foreign bodies and radiography is the clinical standard in initial diagnostic imaging [1]. A growing body of evidence has demonstrated a clear role for ultrasound, especially in pediatric patients where symptoms can be vague, the ingested material may be unknown or radiolucent, and avoiding radiation exposure is a priority [2,3]. Esophageal ultrasound has been investigated through case reports and studies, successfully identifying foreign bodies of varying materials (Food, Pills, Bones, Plastic, Coins) confirmed by radiograph or endoscopy [2,3]. A number of cases identified esophageal food impactions where radiographs were non-contributory [2,3]. Esophageal ultrasound has repeatedly been shown to be an efficient, practical, and safe adjunct, and perhaps in the future a viable alternative in diagnosing pediatric foreign body ingestions.

References

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Figure 1: Esophageal ultrasound images in sagittal view showing the coin (arrow) posterior to the trachea (star).

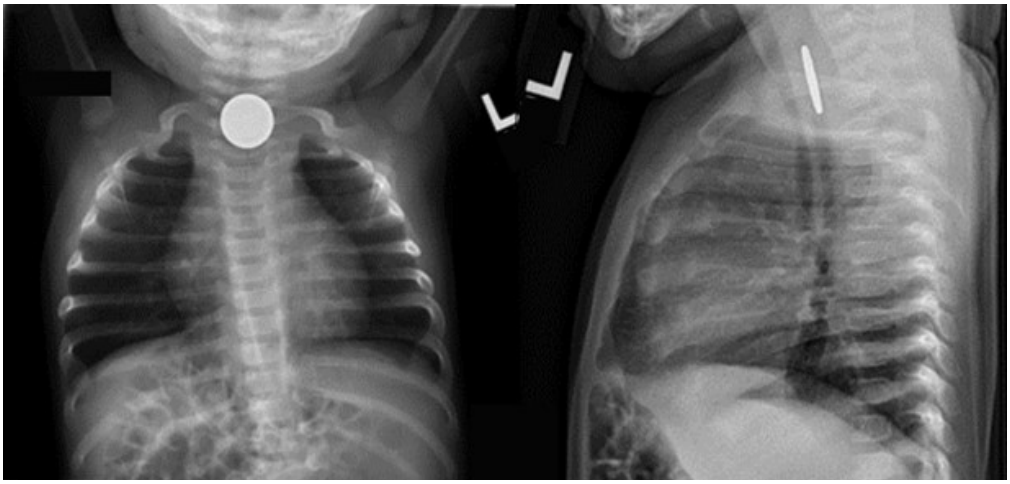

Figure 2: Anterior-posterior and lateral X-ray films demonstrating coin location.