



Letter in Reply: Foreign Body Ingestion in Children, the Role of X-ray

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Dear Editor,

We thank the reader for his question. Not all children who had history of foreign body (FB) ingestion required X-ray. This is particularly true if the FB was translucent, which was the case in about 20% of ingested FBs.¹ Amongst the miscellaneous group in our study, we had children who had ingested pieces of paper wrappings, small parts of plastic toys, plastic shirt buttons, and tiny fragments of glass and rubber. None of them required X-ray as all these objects are translucent on X-ray.

We agree that clinical suspicion is the main drive for all investigation. In young nonverbal children, children with mental subnormality, children with cerebral palsy, and all children with underlying esophageal disease or surgery, once they present with dysphagia, with or without history of FB ingestion, they are immediately investigated. After plain chest X-ray, we resort to water-soluble contrast swallow or

barium swallow if we suspect the FB in the esophagus. Computed tomography of the chest is reserved for only selected cases like complicated FB ingestion or if there is chest involvement including suspected aspiration or vascular lesions secondary to the FB.²

In Oman, FBs in the oropharynx, laryngopharynx, and all FBs above the cricopharyngeal junction are dealt with by ENT surgeons. However, once the FB in the esophagus it is within the realm of the pediatric gastroenterologists' expertise.

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