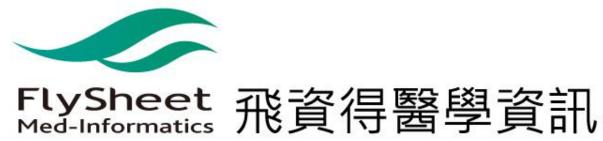


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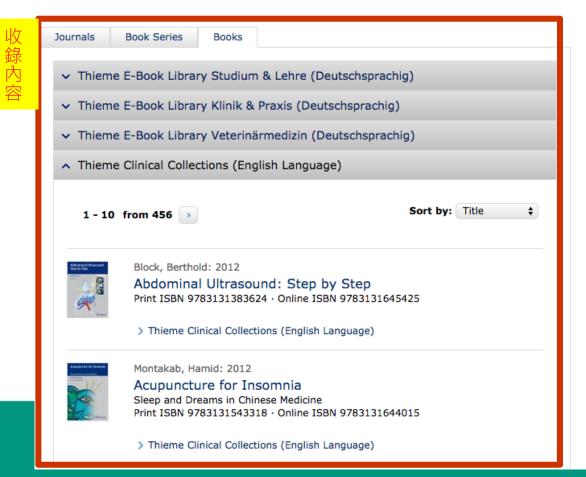


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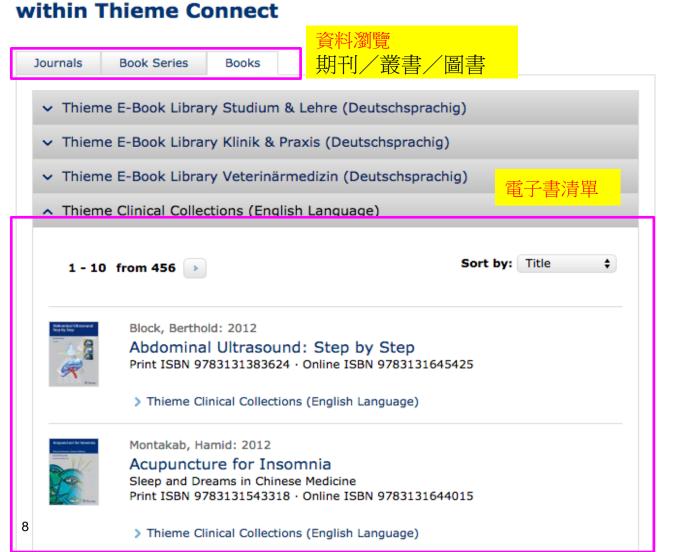
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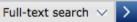
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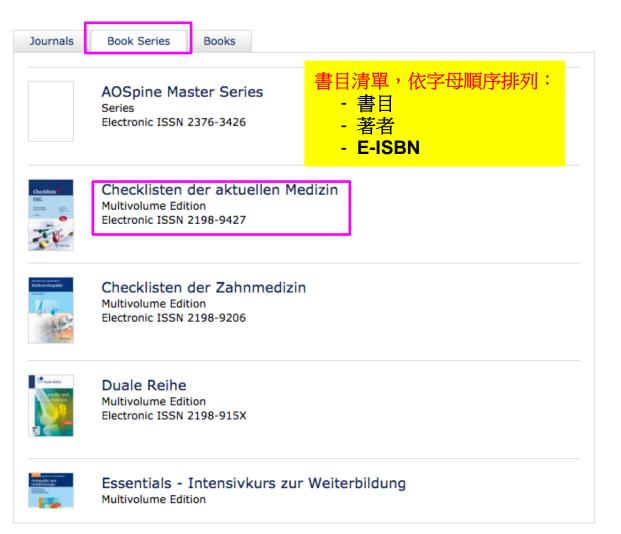
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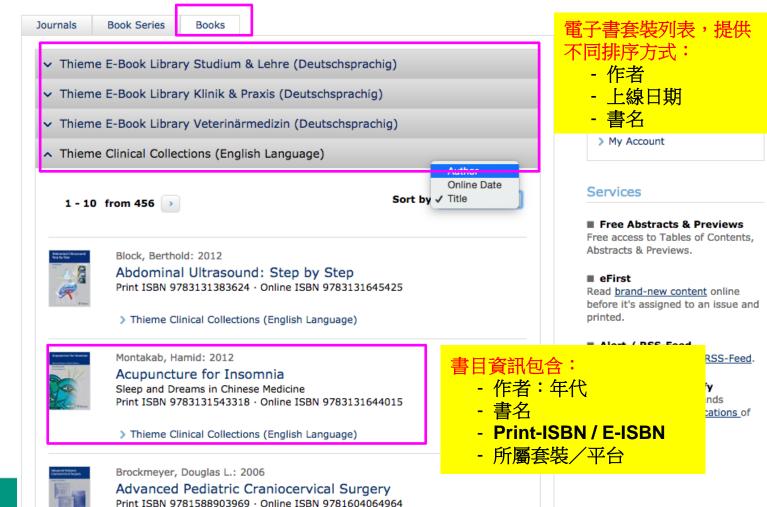
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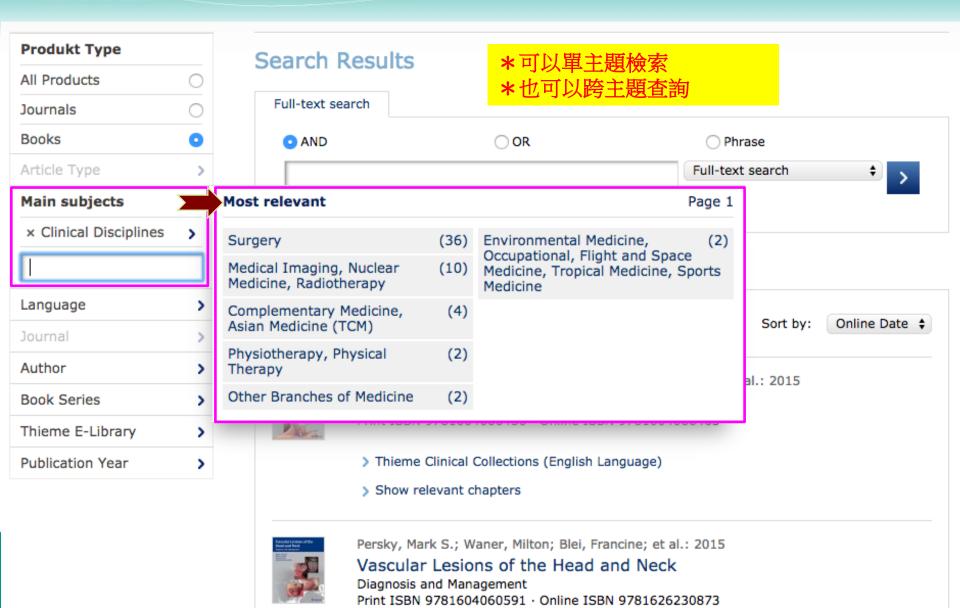
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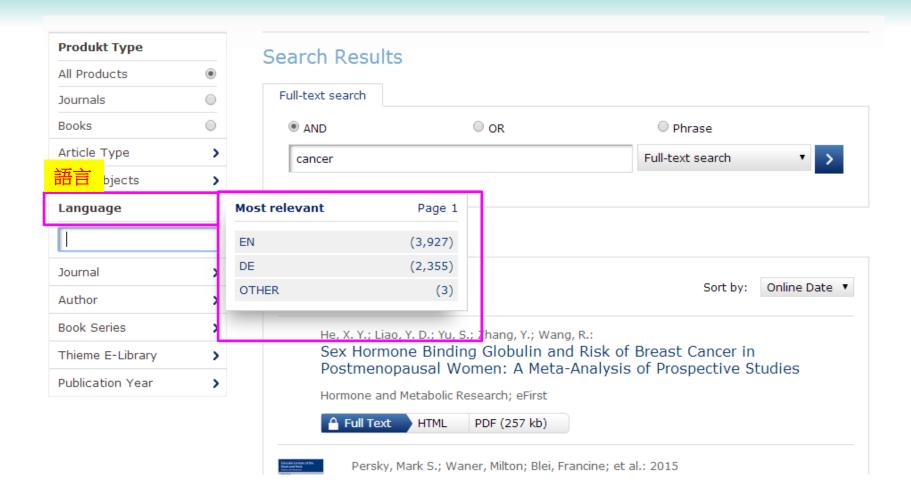


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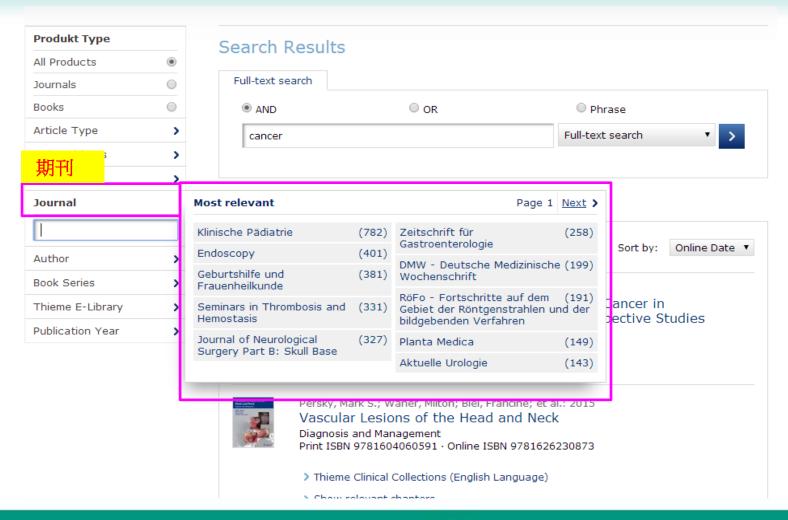


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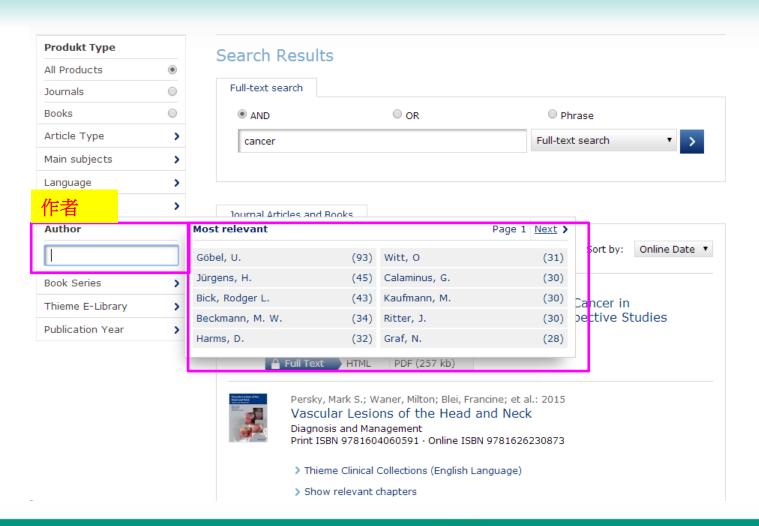
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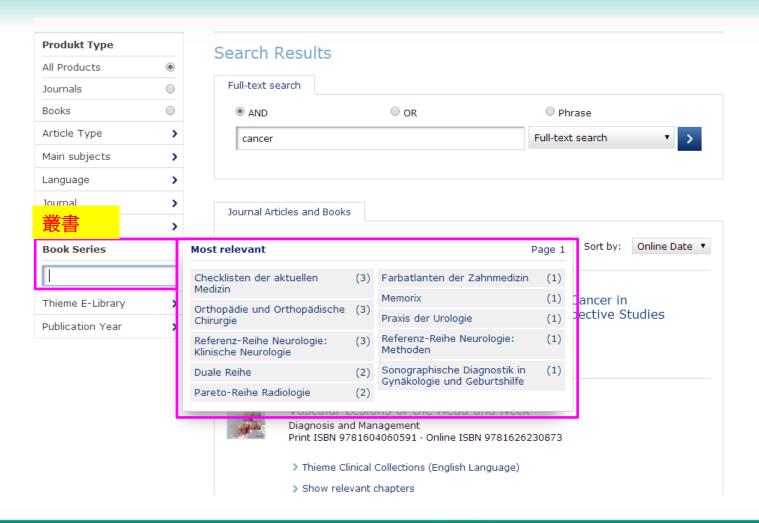


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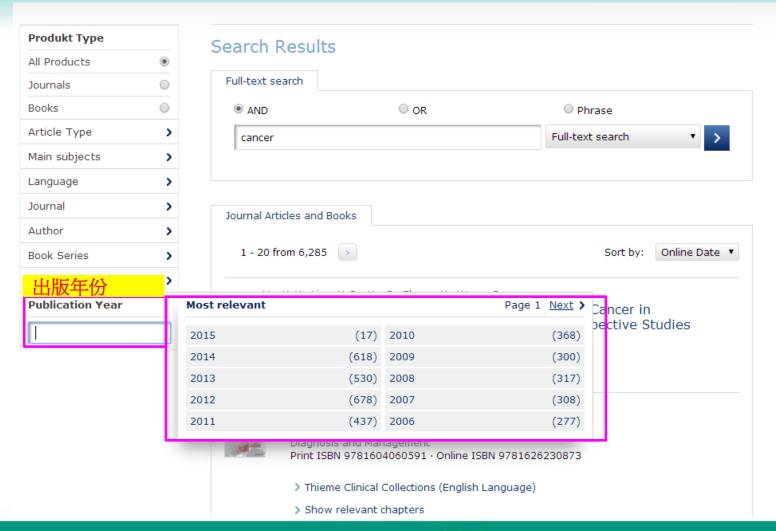
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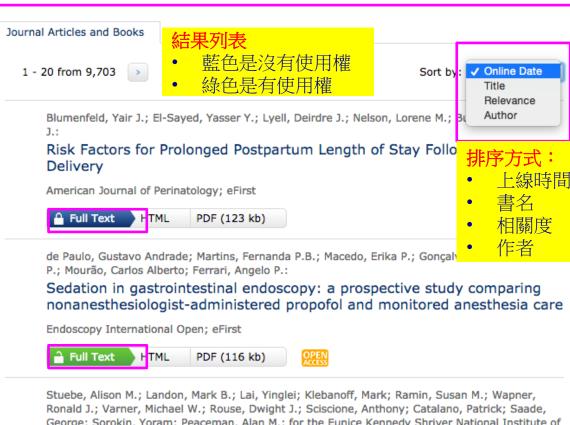






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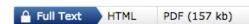




George; Sorokin, Yoram; Peaceman, Alan M.; for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network, Bethesda, MD:

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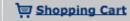
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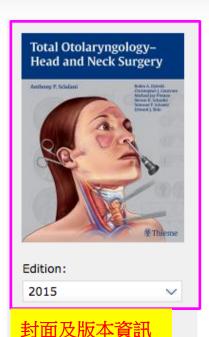


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DOI: 10.1055/b-002-102728

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Total Otolaryngology—Head and Neck Surgery

Print ISBN 9781604066456 · Online ISBN 9781604066463





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Book

Editors: Sclafani, Anthony P.: Dyleski, Robin A.: Pitman, Michael J.: Schantz, Stimson P.: Linstrom Christopher J.: Schaefer, Steven David: Shin, Edward J.

Authors: Achkar, Jihad: Akst, Lee M.; Alexiades, George; Moutran, Homere Al; Anand, Sumeet M.; Azzi, James; Azzi, Jean-Paul; Babu, Seilesh C.; Bagdonas, Rebecca L.; Bedwell, Joshua R.; Berzofsky, Craig E.; Bhatt, Neel; Bliss, Morgan R.; Bock, Jonathan M.; Bowne, Helen Yoo; Carroll, Thomas L.; Carucci, John A.; Chan, Edwin K.; Colley, Pat; Collins, Jennifer S.; Cooper, Amy L.; Cosetti, Maura K.; Crockett, David J.; Dailey, Seth H.; Darr, E. Ashlie; Dean, Clare; Deeb, Robert; Dyleski, Robin A.; Gandolfi, Michele M.; Gilbert, Christopher R.; Halum, Stacey L.; Harrison, Louis B.; He, Tina Qingxin; Hiltzik, David Henry; Hira Ajay; Hoffman, Ronald A.; Hong, Robert; Hu, Amanda; Hu, Kenneth S.; Hujsak, Bryan D.; Iacob, Codrin E.; Isseroff, Tova Fischer; Ivey, Chandra M.; Jacobson, Adam S.; Jayani, Nisha; Jeevan, Dhruve S.; Kamat, Ameet R.; Kim, Ana H.; King, Nancy; Kircher, Matthew L.; Koufman, Jamie A.; Krishnan, Miguel; Kunduk, Melda; Kveton, John F.; Lai, Jason G.; Lei-Rivera, Laura; Lewin, Jesse M.; Linstrom, Christopher J.; Lintzenich, Catherine Rees; Malinow, Andrew M.; Marcum, Kristin K.; Mashkevich, Grigorly; Mau, Ted; McWhorter, Andrew J.; Mehra, Saral; Mehta, Hasit; Mehta, Vikas; Meier, Jeremy D.; Meyer, Tanya K.; Miller, Maurice; Moscatello, Augustine L.; Mourad, Moustafa; Muntz, Harlan R.; Murali, Raj; Neil, Jayson A.; Ovchinsky, Alexander; Patel, Neha A.; Pearson, James M.; Persky, Mark S.; Pitman, Michael J.; Porter, Ryan G.; Quinn, Mila; Redleaf, Miriam I.; Reisacher, William R.; Roark, Rick M.; Rope, Alan F.; Rosenstein Kenneth M.; Rousso, Joseph J.; Sagalovich, Boris; Salus, Helen R.; Schaefer, Steven David; Schantz, Stimson P.; Schwarcz, Monica Dorin; Sclafani, Anthony M.; Sclafani, Anthony P.; Sclafani, James A.; Shin, Edward J.; Silman, Shlomo; Silverman, Carol A.; Song, Phillip C.; Spalla, Thomas C.; Stafford, Edward M.; Stidham, Katrina R.; Stucken, Emily Z.; Sullivan, Corbin D.; Tan, Melin; Tran, Theresa N.; Trufant, Joshua W.; Ukrainsky, Gene; Valiquette, Guy; Verma, Sunil P.; Weissbrod, Philip A.; Wilson, YuShan L.; Wise, Sean R.; Wong, Kenneth M.; Wu, Zhenqing Brett; Yao, Mike; Yarmus, Lonny; Yu, Guo-Pei; Zalvan, Craig H.

Title: Total Otolaryngology-Head and Neck Surgery

Print ISBN: 9781604066456; Online ISBN: 9781604066463; Book DOI: 10.1055/b-002-102728

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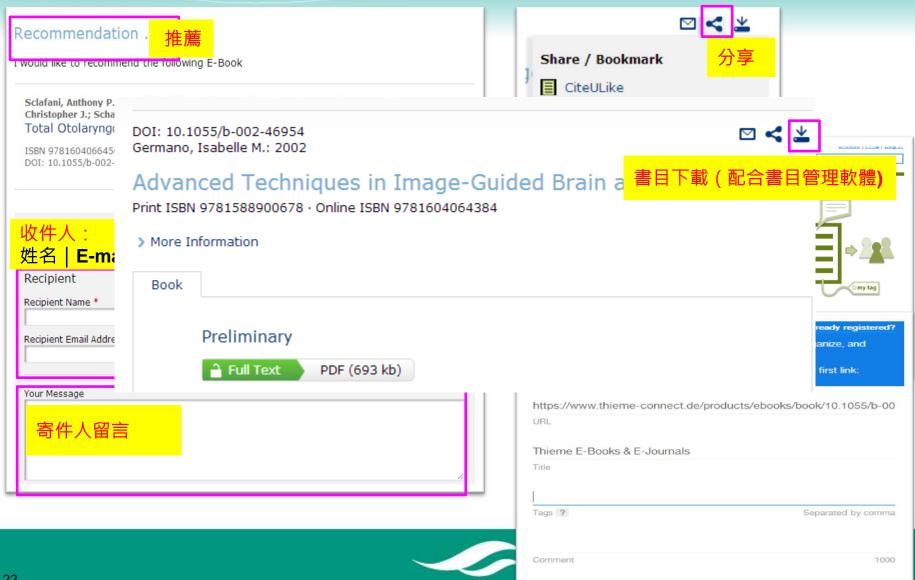
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3 Pediatric ENT Emergencies

Robin A. Dyleski and Moustafa Mourad

3.1 Airway Foreign Body

Assess respiratory status, patency of airway, and ability to move air, as indicated by crying or speaking. If the patient is not exchanging air well, emergent airway control is required. Nonsurgical management includes the Heimlich maneuver or bedside direct laryngoscopy and endotracheal intubation followed by transfer to the operating rq

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moval of the foreign b in children, especially cricothyroidotomy. For tion of the patient (He

▶ Evaluation

- History
- Was the aspiration wit
- o Type of foreign body, if
- · Duration of symptoms · Dyspnea, labored breat
- Dysphagia
- Drooling
- Cough
- Pain
- Ability to cry/speak
- · History of tracheoesop
- · Previous treatment for during treatment of cre
- bronchitis) Physical examination
- o Mental status
- · Presence of stridor
- Inspiratory: glottic, subglottic, or supraglottic obstruction
- Expiratory: subglottic or bronchial obstruction
- 檢查元素(N)
- - Vomiting
 - Chest pain
 - cheoesophageal fistula or esophageal stenosis
 - hydration)

o Computed tomography (CT): infrequently used but may be helpful in the event that clinical suspicion remains high but plain radiography is nondiagnostic.

- Definitive treatment
- o Rigid bronchoscopy in operating room with foreign body
- o Flexible bronchoscopy is not advised when there is strong evidence for a foreign body. The flexible bronchoscope working channel is too small to permit use of appropriate forceps to grasp the object in young children. Flexible bronchoscopy is a useful diagnostic tool for the patient who arrives already intubated with a questionable history of foreign body aspiration. If a foreign body is seen, then rigid bronchoscopy for foreign body removal under general anesthesia is recommended. Only very small foreign bodies may be able to be removed with flexible bronchoscopy.

3.2 Esophageal Foreign Body

Evaluation

- History
- o Describe object (blunt, sharp, disk battery)
- o Duration of ingestion (< 24 hours vs > 24 hours)
- o Symptoms
- Dysphagia
- Odynophagia
- Drooling
- o History of gastrointestinal abnormalities such as prior tra-
- o Intake/nutritional status (assess need for intravenous [IV]





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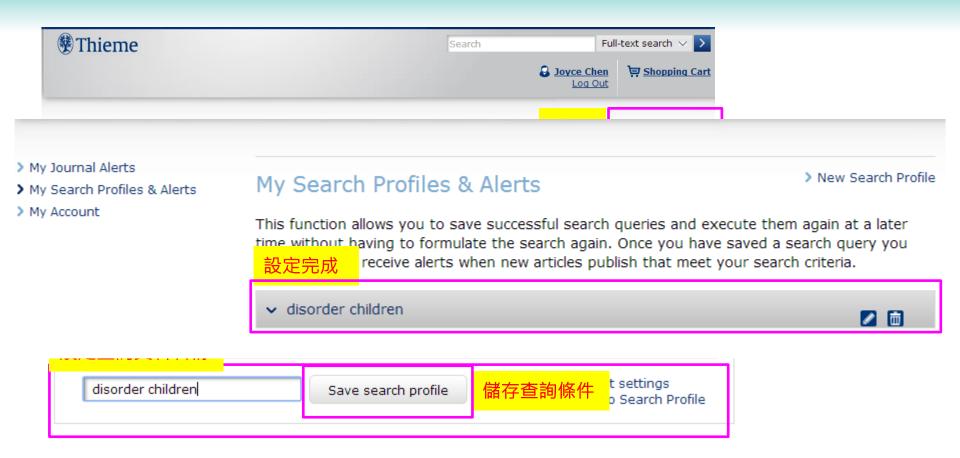


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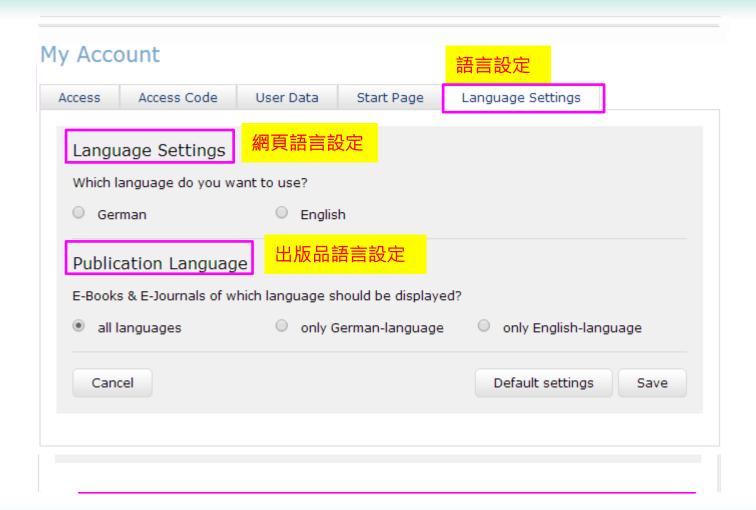


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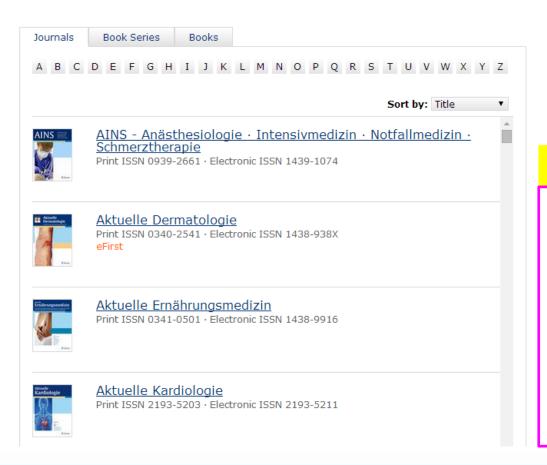
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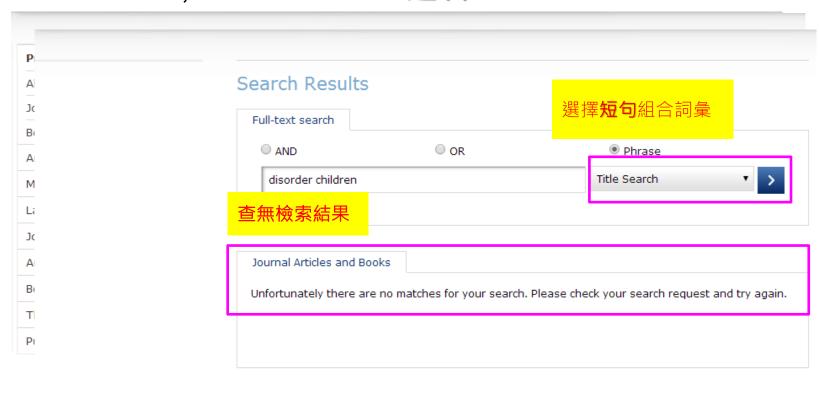
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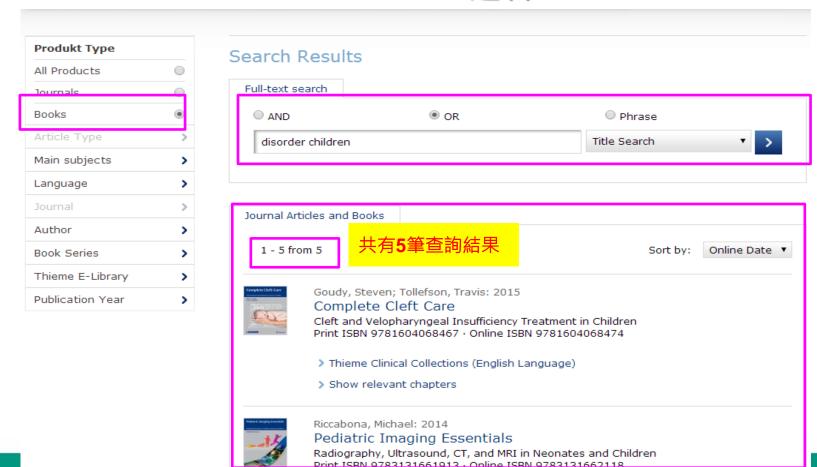






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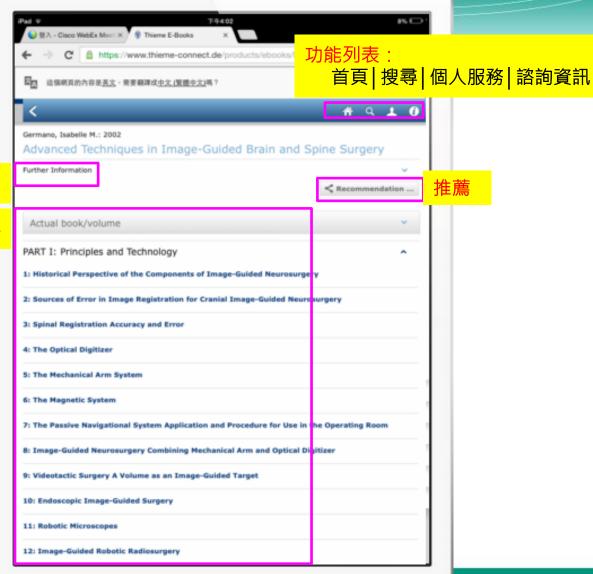




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