

Mirages and images

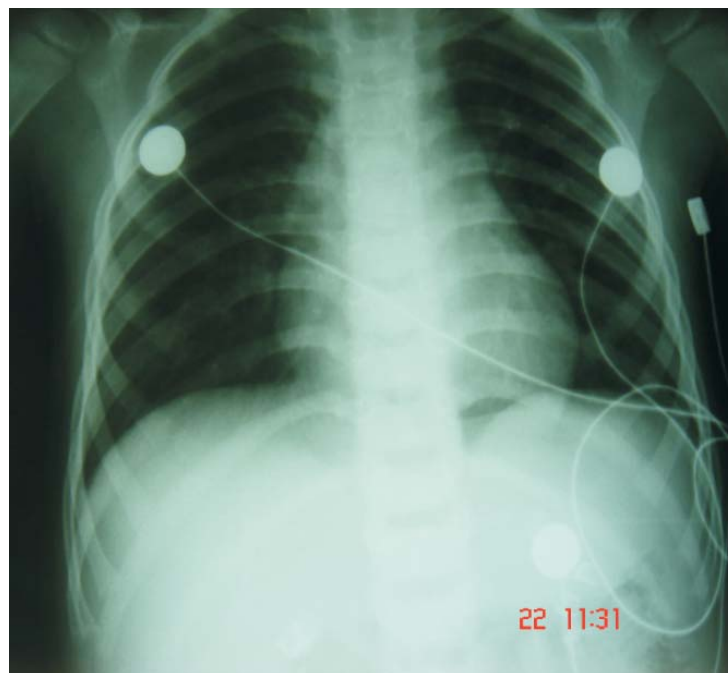
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Case 1

A five year old boy was found to have sudden altered sensorium at home and rushed to the ER at 2 pm. This developmentally normal boy had history of 2 episodes of seizures 2 weeks earlier and was not on any anticonvulsant. On examination,

he was afebrile, responding to painful stimuli and had no meningeal signs. So, a diagnosis of Seizure disorder with post ictal state was considered. However, he was tachypnoeic and had bilateral wheeze. Aspiration pneumonitis was suspected and a CXR was requested.

Figure 1



The lung fields were clear in the CXR. However, suspicious discrete radio opaque shadows were noted in the upper abdomen (red arrows). With the history of sudden onset altered sensorium without fever and radio

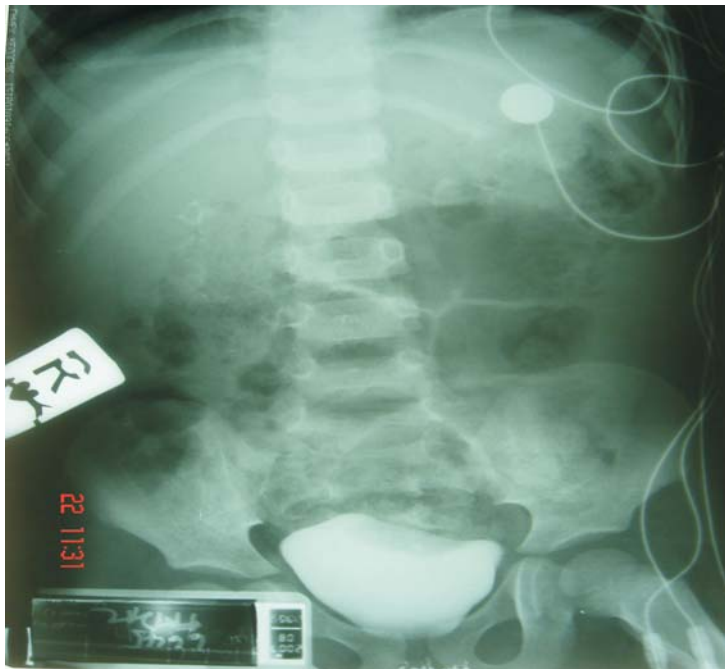
opaque shadows, pica/poisoning was considered as a probable cause of the altered sensorium. To see the abdomen further a XRay abdomen was taken (Fig.3) which revealed central opaque density in the pelvis (urinary bladder).

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On further questioning, the mother revealed that child had undergone a CT imaging of the brain in the morning for seizure disorder and the contrast given during the procedure was

Figure 2**Figure 3**

being excreted through the kidneys into the urinary bladder. When we asked the mother why she did not part with the information, she replied "You never asked for it". The boy was kept under observation for a day and discharged on oral anticonvulsants.

**LESSON1 - WHERE THE PIECES OF
THE JIGSAW ARE NOT FITTING,
RETAKE THE HISTORY**

Case 2

A six year old mentally retarded boy presented to the ER with respiratory distress.

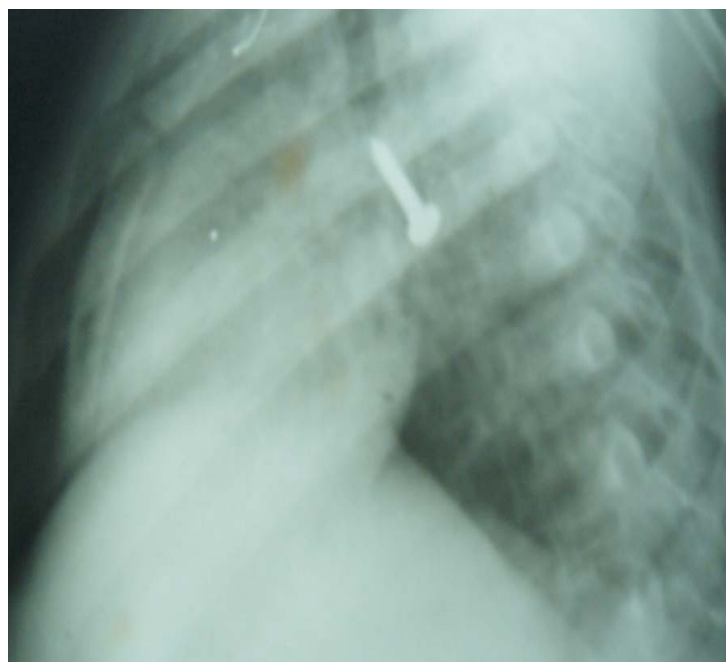
He was a known wheezer and has had similar exacerbations earlier. On examination, he was tachypnoeic and dyspnoeic. Auscultation of his chest revealed bilateral rhonchi and decreased breath sounds on the left side. A

diagnosis of Bronchial Asthma with acute exacerbation was considered. Despite continuous nebulisation and IV steroids, his respiratory distress persisted and hence a CXR was requested.

Figure 4



Figure 5



His Chest X-ray (fig.4 & 5) showed a radio opaque foreign body in the left main bronchus and obstructive emphysema on the same side. An emergency bronchoscopy (rigid) was done and the foreign body, a metal screw measuring

2 cm was removed after which his respiratory distress settled. In this case, the child's neurological status probably contributed to the aspiration.

Lesson 2 - All that wheezes is not asthma