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FOREIGN BODIES I HAVE KNOWN

PETER ACKER, MD—IMMEDIATE PAST PRESIDENT

It is a dictum in primary care pediatrics that one should expect the common, but keep an eagle eye out for the unexpected. Also, we need to recognize that the rare often comes in cloaked in the various garbs of the quotidian ills of children. So a certain level of alertness is required but we also need to avoid plunging down the rabbit hole of aggressively looking for the unusual. It is a delicate dance we perform, requiring nimbleness and experience.

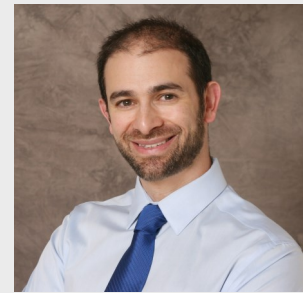
There is one category of things we hardly ever see, but usually declare themselves opening and dramatically (though occasionally with subtlety) – the foreign body. These can range from the banal to heart thumping presentations of sudden life threatening situations, ie the kid who stuck a pea up his nose, to a round object wedged in the airway necessitating prompt intervention.

Just two days ago on a Friday, I was in my office at the end of the day, awaiting my last patient, contemplating a relaxing weekend. Inevitably (and I think every practitioner will attest to this) it is the last patient that is guaranteed to be late. I glanced at the phone note of the triage nurse who had booked the appointment.

I was a bit startled to read “Mother states that baby has hole in the roof of his mouth.” Now that is something I’ve never seen before – the sudden appearance of a hole in the palate? As I waited, I mused, probably some sort of blister or ulcer, but I have seen many oral blisters and ulcers in my time, and never once had a mother described it as a hole. Could it be an undiagnosed cleft that had been missed? My anticipation grew as the minutes after 5 ticked by. The child’s mother arrived at 5:20 holding a well appearing 10 month old in her arms. I greeted her and sat her down in a chair in the examining room and asked “so what’s going on?”

“Not sure, it’s weird. I was lifting him up from his high chair. His face was above my head briefly as I worked to free his legs. At that moment he yawned and looking up at him I saw what looked like a black hole. It freaked me out. Not sure how long it was like that since I usually don’t get that angle to visualize that area.”

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JEFFREY JACOBSON, MD
President, WCMS

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UPCOMING EVENTS

NYMC STUDENT WINE TASTING

Wednesday, April 13
NYMC Alumni House
Valhalla, NY

CINCO DE MAYO NETWORKING EVENT

Thursday, May 5
The Brazen Fox
White Plains, NY

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FROM THE EDITOR...**FOREIGN BODIES I HAVE KNOWN****PETER ACKER, MD***(Continued from page 1)*

I thought for a moment. “Definitely weird” I said silently to myself. Then it occurred to me, could it be some sort foreign body? In which case, I better proceed cautiously – I didn’t want to just jam a tongue depressor into his mouth causing him to cry and perhaps dislodging whatever was there and having him then inhale it into his airway.

It caused me to think back years ago. I had just arrived to my office when a mother rushed in with her child about the same age as this one, the only difference from what was before me now was that the baby was breathing noisily and the mother was a bit agitated and worried. First step was to calm the mother down, seating her with the baby in her lap and talking in low conversational tones. “Everything is going to fine. Just face him towards me I’m just going to take quick peek.” I smiled at the baby and with a tongue depressor I gently lowered his lip creating an opening just wide enough so that with my otoscope I could get a quick glimpse. Something red was back there and was the cause of the noisy breathing!

Ok, keep calm I said to myself. I remembered a line in Samuel Shem’s seminal satirical novel about medical interns – **The House of God** “At a cardiac arrest, the first procedure is to take your own pulse.” Not quite there yet, but a blocked airway will quickly result in cardiac arrest. So I took deep calming breath and looked at the mother. “There is something back there, but we can take care of it. What I need for you to do is act very calm and keep your baby in your lap sitting up. I’m going to ask my nurse to call an ambulance and we will take a short ride to the emergency room.” Thankfully, the mother though tense, immediately understood and we sat together until I heard the ambulance arrive. I got up and greeted the two EMT’s and explained the situation and said I wanted to seat the mother upright in the ambulance with her baby in her lap and emphasized the need for calm all around so the baby would not start crying. We rode together. I had grabbed some magill forceps on the way and had them at the ready in case the baby started choking and I had to emergently go in to remove whatever was there. I held my hand down out of sight and found that by repeatedly squeezing the instrument it had a calming effect on me.

We arrived at the Greenwich Hospital ER without incident and then in a controlled environment, ie trachea tubes and an ER doc nearby, I went deeper into mouth and was able to get my forceps on the object and pull it out. It was a candy wrapper. Afterwards, I learned that the baby had been crawling around and apparently an older sib had dropped the wrapper on the floor. That baby is now 24 years old and to my knowledge has never put a candy wrapper in his mouth since then.

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FROM THE EDITOR...

FOREIGN BODIES I HAVE KNOWN

PETER ACKER, MD

(Continued from page 2)

So now with the baby in his mother's lap I gently tilted his head back to get the correct angle and got a quick look at the roof of his mouth. Indeed, it did look like a black hole, but I reasoned that black holes don't just appear spontaneously and that it must be some sort of foreign object. Whatever it was, though, it appeared to be firmly fixed to the roof of his mouth so I felt comfortable now laying him on his back so I could get a better look. It was dime sized and perfectly round – at its border the surrounding skin seemed to be growing slightly over the edge. There was a black film over it but with my light I could see it was actually a metallic silvery material. I took some forceps and tried gingerly to gain some purchase under this object, but the overgrown skin prevented this and I did not want to create trauma to the mouth and have it dislodge suddenly without the proper equipment around me. Since it seemed to be firmly attached to the roof of the mouth, I thought it would be safe to send mother and baby to the ER in her own vehicle (just 5 minutes away). Also the mother appeared preternaturally calm, always a consideration to make sure that the drive would be safe. I called ahead to let the ER know what was coming.

An hour or so later, I got a call from the ER doc. They had called in a pediatric ENT since they also had trouble removing it. He was able to get it and it turned out to be the metallic colored sticky cover that that some bottles have when they are opened for the first time. This child, by the way, had an older sib and may have dropped it and once again the crawling child like those robotic vacuums had scoured the room and come across this and put it promptly in his mouth. It was surmised that it had been probably there for at least a few weeks based on the adherent skin that surrounded it.

On my drive home, I thought of the various foreign bodies that I have encountered over the years, usually benign, sometimes comical (Johnny, why did you put that pea up your nose? This question in my experience usually just elicits a blank stare.) but in rare cases, utter tragedy.

Years ago early in my training at Bellevue hospital a young child was brought in extreme respiratory distress. The history we got was that the child had

put some paper in his mouth and started choking on it. His caretaker as it so happened had only one arm and had laid him down and jammed her finger into his mouth and instead of retrieving the paper, pushed it deep into his trachea and in addition caused some trauma to the back of his throat and resulted in swelling and edema which exacerbated the situation. We were able to get the paper out and place an endotracheal tube, but the damage had already been done. He survived, but with severe brain damage.

We counsel our parents and medical students and residents to do a careful calm assessment unless the airway is totally blocked in which case a Heimlich should be attempted in children over 1 or back thrusts in younger kids. A key factor is the panic that ensues in the patient, the parent and even the doctor and its mitigation is a key element of the care rendered.

Practicing pediatricians every three years take a training entitled PALS (Pediatric Advance Life Support). The purpose of this is go over emergency protocols for events that we are very unlikely and a general outpatient pediatrician is very unlikely to see. When I take the course, there are always groans all-around of having to take yet another training (we are also required to take 50 hours a year of CME Continuing Medical Education and regular risk assessment courses in order to maintain our malpractice insurance). Like, we ever encounter this situation, my classmate to my left intoned via sotto voce. One of the topics we cover is how to handle a choking situation. A baby is choking, the procedure is to place the baby in a downward position with his chest nestled into your left hand and using your right palm of your hand to administer 4 firm thumps to the back between the shoulder blades. You lift the baby up and carefully look into his mouth and if something is clearly visible and in the front of the mouth extract it carefully. We all stood up and practiced on specialized baby dolls that actually measures the impact of the body blows to make sure it is firm enough. Ah, finally another training done! That was on a Thursday. On Saturday, I met with my daughter and son-in-law and their two kids at the Pound Ridge Reservation. It was gorgeous day and we strolled along trails in the woods. My son-in-law went on ahead with their three year old, while my daughter, with

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The Westchester Medical Society Presents

Free Food!



Free Drinks!



19:00 - 22:00



The Brazen Fox, 175 Mamaroneck Ave, White Plains, NY 10601

Join us for an evening of food, drinks, and networking on us!!!

RSVP to Janine Miller
jmiller@wcms.org



STOP THE TRAIN Elliot Barsh, MD

“Being curious and asking questions is a sign of freedom.”

Once again, I hope our column finds you healthy and safe.

April is a time to gather together at the **table**.

A table, or tabernacle in the Old Testament, is an icon of **sharing**.

A place where we come, no matter who we are or what our pasts hold, to share and celebrate our **stories**.

Our stories of **hope** that can help each other go beyond our natural limitations.

Stories that can staunch the wounds that we carry, like the ones our patients tell us about while they sit at our exam table hoping for understanding.

We can **question**, like the four questions that are asked at the Passover seder, to help their stories be told.

We may know about an illness or disease, but asking questions can **free our hearts and minds to understand who our patient is, how they feel, and what they are afraid of**.

What four questions can we ask ourselves while we work to help **nourish** ourselves, our patients, and the time we spend together?

1. *How do we bring ourselves to the moment with intent and grace?*
2. *How do we create an accepting and safe space for our patients to join us?*
3. *How do we bring curiosity and compassion with us so we can listen with and open heart and mind?*
4. *How do we become a generous companion and together with our patients build a future of hope.*

These are some of the questions that bring meaning to my work.

What questions bring meaning to yours?

Happy Holidays.

Thanks for reading.

Stay safe.

“It’s about feeling like you are supported in the ways that you want to be supported,”

The relationships we have with our patients are not unlike the relationships we have with friends and family. They all need to be fed and nourished.

Otherwise they can wither and die. Anna Goldfarb’s list is good to keep in mind.

(communicate expectations/never say “I’m too busy”/make time/small gestures/routine (follow-up)/come through when it counts/acknowledge effort)

How to Maintain Friendships

Keeping cherished friendships afloat doesn’t need to be a huge time commitment.

“What’s the best way to make sure that things are not just seen but understood, not just possessed but inhabited?”

It is easy to “possess”, or pass, the time, but how can we make sure we devote ourselves to it and value it?

We are free to choose how we “inhabit” the space and make it matter to our patients and to us.

Questlove: Collecting Is an Act of Devotion, and Creation

A collection starts as a protest against the passage of time and ends as a celebration of it.

“I had shed the cloak of cancer, yet I still carried its weight.”

More than anything else, our patients need us to know them.

We can be a companion who carefully holds their vulnerability with strength and kindness.

The Patient Resident

“Who was I to judge his choices, resilience, and life experience?”

How do we stop being harsh critics and become understanding healers? How do we stop judging ourselves and others, including our patients?

We can disagree, make our points clearly, and still make room for what our patients want at the time and why they want it.

Not only do we want to understand our patients, we also want to understand what we want for them and why we want them to do it our way.

NPO

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Edward C. Halperin, M.D., M.A.
Chancellor and Chief Executive Officer
Edward_Halperin@NYMC.edu

March 10, 2022

To the Members of the Westchester County Medical Society:

I am pleased to share the latest regarding a membership benefit for you in reference to the Master of Science (M.S.) and Advanced Certificate in Bioethics Programs at New York Medical College (NYMC).

The COVID-19 pandemic has certainly emphasized the importance of bioethics in addressing the ethical dilemmas in health care, and it will remain on the forefront for the foreseeable future with an increased demand for bioethics professionals.

In response to this extraordinary time, we are pleased to announce an initiative for the members of the county medical society. The "Friends of Bioethics" program allows you to nominate yourself or individuals working in your practice who have an interest in bioethics and a desire to pursue that interest by taking courses in our Bioethics program, including online courses.


Students who are nominated will be accepted into the Bioethics program provided they meet the minimum admissions requirements and will be entitled to a 50 percent tuition reduction throughout their bioethics studies at NYMC so long as they remain in good academic standing per the program's requirements.

For additional information on the "Friends of Bioethics" program for members of the county medical society or to nominate yourself or an employee as a student, please contact the bioethics Office of Admissions at shsp_admissions@nyc.edu or (914) 594-4510.

We are happy to offer this collaborative effort to provide affordable graduate-level education to address current needs in the realm of bioethics.


Sincerely yours,

Edward C. Halperin, M.D., M.A.
Chancellor and Chief Executive Officer, NYMC



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MSSNY PHYSICIAN LOBBY DAY RECAP

On Tuesday, March 8, 2022 MSSNY held its annual Legislative Day event. The Westchester County Medical Society represented the physician membership with a group from Westchester. MSSNY held an informational session for the morning program that included a legislative update by Morris, Auster, Esq., Senior Vice President and Chief Legislative Counsel MSSNY. Other speakers included Joseph Sellers, MD, President MSSNY; Parag H. Mehta, MD, President-elect MSSNY; Paul Pipia, MD, Chair Leg & Physician Advocacy Committee MSSNY; and William Latreille, MD Speaker, MSSNY House of Delegates & Troy Oechsner, MSSNY EVP

The Westchester physicians along with Janine Miller, Executive Director were able to meet with many of our local legislators and their staff people including Senators Mayer, Serino, Stewart-Cousins, Harekham and Biaggi and ; Assemblymen Byrne,

Abinanti, Burdick & Sayegh; and Assemblywomen Paulin & Galef. Our group spoke about the importance of some of the items in the Governor's budget along with some of the items on MSSNY's Legislative Agenda including

- Protecting patient safety by rejecting inappropriate scope expansions
- Supporting fair payment for telehealth care
- Reducing prior authorization hassles
- Shaping the discussion surrounding single-payer healthcare
- Preserving opportunities for NY's medical students and residents

We appreciate all of those physicians who took time away from their patients to join us on Zoom. The work that they do on behalf of all the members of WCMS and New York State physicians is invaluable.

**The Westchester Academy of Medicine
&
The Medical Student Section of New York Medical College
Invite you to join them for a**

Wine Tasting

**Wednesday, April 13, 2022
New York Medical College
Alumni Building
20 Sunshine Cottage Road
Valhalla, NY
7:00 - 9:00 p.m.**

Come and listen to our own WCMS Members talk about their wine making experience and sample some of their award winning wines.



If you would like to attend please RSVP to Janine Miller at 914-967-9100 or jmiller@wcms.org. There is no cost to attend this event

FROM THE EDITOR...

FOREIGN BODIES I HAVE KNOWN

PETER ACKER, MD

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her 11 month old strapped in a baby bjorn on her chest facing forward, and I strolled at a more leisurely pace. We were reveling in the silence punctuated by birds and insect sounds and the beauty of the forest, when my daughter said, "I think she just grabbed a small leaf and put in her mouth." Then I heard that familiar sound with some choking. My daughter, a pediatrician herself, albeit an infectious disease specialist who never encounters emergencies, transformed into a parent, panic rising in her voice. Myself, fresh from my PALS training, said, "Here, let me take her out of the harness." I then performed the thumps and lifted her up and asked my daughter to look into her mouth. She began to stick her finger into the mouth – wait I said no fingers unless you see something. Ok, OK, she said in an agitated voice, I don't see anything. I repeated the maneuver – now look. I see it! Good now carefully see if you can pincer grasp it. Look, she's breathing fine now so take your time. She put thumb and finger just millimeters into the babies mouth and extracted a small leaf, and held it up triumphantly! Damn, I thought, sure glad I took PALS two days ago. I will never complain again.

My mind continued to recall other foreign bodies. My daughter (same daughter with the choking leaf) when she was 2 years old put a penny in her mouth. I spotted her doing from across the room. "Ah, Karen", *remain calm!* "Did you just put a penny in your mouth?" She just smiled at me. I approached her "why don't you spit into it into my hand." I held my hand out, but instead of complying with that simple command *kids these days!* I heard a gulp. She had swallowed it. I observed her for moment, no choking breathing fine, so not in the airway, whew. Next worry, stuck in the esophagus? I gave her some water which she swallowed without distress, but not definitive. Could get stuck at the pylorus! I decided for my own piece of mind to take her to the ER and get quick x-ray. There it was safely past the esophagus and the pylorus and appeared to be nestled comfortably in her small intestine. Very likely to just pass through on its own, but I had heard of rare cases of pennies getting stuck in the wall of the intestines and eventually causing an erosion and then gut perforation! Holy abdominal emergency! Little known fact –

pennies manufactured after 1982 possess a high amount of zinc which can be very corrosive. So there was only one thing to do – examine her every stool and go through it carefully until I found that damn penny! On day three, I struck copper (and zinc). It was the penny! It is amazing how often this happens. One joke I sometimes tell is about a patient who swallowed a quarter and 3 days later the parents found 2 dimes and nickel in her stool. The power of digestion!

I had another experience with a coin that ended up providing much needed levity among pediatric residents of which I was one of at the time. A child came in with that familiar story – coin in the mouth and swallowed. The attending physician that day advised that I immediately send him to x-ray, no point in waiting. Ten minutes later I had the film in my hand and I peered at it. The coin was not in the abdomen or the esophagus, but still in his mouth! I approached the child and held out my out hand– here, spit it out. He took one last suck and the quarter was in my hand. Our attending was much chagrined at this turn of events, but took it quite good naturedly when I presented the case in a talk I gave later entitled "A Novel Way to Locate Foreign Bodies in the Mouth Sans Exam"

Years later in private practice I was doing a check up on a 9 year boy and I asked as I usually do at the beginning – how is everything? Feeling good? Feeling fine doctor, though I've been having this slight tickle and buzzing in my left ear. Tinnitus, I wondered? Do see it occasionally even in young kids. Well, well let's take a look. I took my otoscope and prepared to peer into his ear, not expecting to see much – sometimes a bit fluid in the middle ear space will be causal. I was startled to see magnified a minute fruit fly staring back at me. The fly was so small that while I watched it was able to fly a small loop within the confines of that space. I was able by placing a small amount of saline into his ear to persuade the fly to exit his abode. Boy and fly both survived the procedure!

Here is another example of something uncovered in a routine physical, though of greater moment than the example above. It was a nine month old baby here for a check-up. Looked comfortable and happy in his mother's lap. The mother said that everything was fine. I began my exam with the

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MSSNY Podcasts

MSSNY

The Medical Society of the State of New York has created a number of podcasts on topics that are timely and relevant. In addition to weekly MSSNY Updates from the Division of Governmental Affairs, there are myriad timely and relevant podcasts on COVID-19 (both for physicians and patients) as well as a number of others on veterans, adult immunizations and emergency preparedness.

- | | |
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MSSNY Announces two NEW Podcasts on COVID-19

★ A Discussion on COVID Vaccine for Patients ★

MSSNY President, Dr. Bonnie Litvack, President-elect, Dr. Joseph Sellers and Dr. William Valenti, Chair of MSSNY’s Committee on Infectious Diseases discuss vaccines currently available for COVID-19 and answer many questions patients may have about the vaccines.

★ How to Talk to Patients About Vaccine Hesitancy ★

Dr. William Valenti, Chair of MSSNY’s Committee on Infectious Diseases discusses the history of vaccine hesitancy and offers sage advice to listeners on talking to vaccine hesitant patients.

★★The additions of these podcasts marks 100 podcasts published on the MSSNY Podcast website!★★

FROM THE EDITOR...

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PETER ACKER, MD

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baby still in his mother’s lap by listening to his lungs. The baby is less likely to start crying while safely ensconced in mother’s arms and I can get a good listen. My usual procedure is to start by placing my stethoscope to the back and listen to the lower lungs, and then to the front. Practically always I hear nice quiet breath sounds on either side and then I listen to the heart. But not this time. On the right side, I heard no sounds at all. I switched my stethoscope from side to side three times normal breath sounds on the left and none on the right. The mother watched me do this. “Is everything all right?” I told her what I was finding. The child was breathing fine. I asked the mother, has he had any choking episodes recently or has he been coughing? Why yes, about 3 weeks ago. I took him to a small local clinic and they said he was fine. I ordered an x-ray which showed hyperinflation of the left lung, and collapse of a portion of the right with a shift of midline structures to the right. It was the classic radiological signs of a foreign body aspiration. The foreign body typically goes down the right main bronchus and gets stuck. The action of breathing forces more air down the left side which causes the hyperinflation of the left lung. The now stagnant air in the right lung gets slowly absorbed causing the collapse. I sent the child to the children’s hospital where a pediatric pulmonologist with the child under general anesthesia was able to extract the culprit – a peanut. The child made a full recovery.

As I pulled into my driveway after foreign body musings, I could not help but think of the nursery rhyme, “There was an old lady who swallowed a fly I don’t know why she swallowed a fly – perhaps she’ll die!” Why, why, why!



STOP THE TRAIN

Elliot Barsh, MD

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“We don’t fall in love or have a baby to have our points of view and preferences af-

firmed.”

A newborn gives us many gifts. So does every person we meet and every patient we have the honor know.


Feeling true empathic concern, accepting the “unexpected, undesirable, and inexplicable” helps us see that there is more than what we experience alone.

Seeking a Father for My Child (Relationship Optional)

Nearing 40, I decided to separate dating from mating.




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