School Children Training for Basic Life Support

Sir,

I read the article entitled “School Children Training for Basic Life Support (BLS) by Shahab Naqvi et al. published in a recent issue of the JCPSP. It is an interesting article that clearly highlights on the need for education on resuscitation among the Pakistani citizens. I recently conducted five workshops of neonatal resuscitation at two major University Hospitals in Karachi.

The neonatal resuscitation workshop was made simple for the learners. A simple 20 pages booklet was provided to the participants about 2 weeks prior to the course. The book consisted of the format of training, education material with questions and answers at the end. Most of the participants did review the booklet prior to attending the workshop. The participants varied in their training and experience and comprised of doctors in training, staff nurses, laboratory persons, lady health visitors, community health workers, and research assistants.

During the workshop special attention was given to the practical aspect of resuscitation. During the demonstration session, the participants were presented with different newborn scenarios and shown how to carry out the initial steps of neonatal resuscitation. The training was complimented by hands-on session of bag and mask ventilation and cardiac compressions. The methodologies were supervised, explained and assessed. The detailed feedback taken from the participants showed their preference for the workshop and a commitment to learn further in future with periodic workshops.

This experience further reiterates the point made by Naqvi et al. With the developing needs of the developing countries, we should keep on striving to educate and train the medical staff in specific and public in general about the concepts of neonatal resuscitation in addition to BLS.

With more and more courses and increasing number of participants, we can decrease the mortality and morbidity among the newborn babies in Pakistan.

REFERENCES

---

Lead Foil in the Intraoral Periapical Radiograph as an Inclusion Agent: A Simple Method in Denture Identification

Sir,

Dental identification plays a primary role in the identification of remains when postmortem changes, traumatic tissue injury or lack of a fingerprint record invalidate the use of visual or fingerprint. Individuals can be identified through dentures and prostheses and denture marking in mass disasters. There are different methods used for marking dentures in the identification process. These have included engraving methods, inclusion methods, metal inserts and microchips. The intraoral periapical radiograph is used to study morphology and pathology of the tooth and periapical area. After taking intraoral periapical radiograph the Lead foil is usually discarded. This discarded Lead foil can be used as an inclusion agent in dentures and this will help in the identification of the individuals.

I would like to mention a method of using lead foil as an inclusion agent in dentures. The following details can be made using Lead foil i.e. the outpatient number, name of the institution and the place of the institution with the help of scissors. It can be given as 1 TH NBR (1 = the outpatient number, TH = Taluk Head Quarters Hospital, NBR = Nilambur). The Lead foil should be ideally placed in the denture during the final closure stage of flasking i.e. the packing stage. The size of the Lead foil can be adjusted according to the dentures (complete and removable partial dentures). The Lead foil is preferably incorporated in the tissue surface of the denture. The denture can be subjected to radiography and the details incorporated in the Lead foil will appear radiopaque in a radiolucent background of the Acrylic denture. This method is a simple and cost-effective technique, easily
performed in dental clinic practice, the results of which can be interpreted in a radiograph. This technique can be used for both complete and removable partial dentures. An attempt should be made to practice this technique worldwide and through this method the discarded Lead foil of the intraoral periapical radiograph can be made useful as an inclusion agent in the dentures of the individuals for the identification process. This simple method has not been reported in the literature to-date.

REFERENCES

DR. THORAKKAL SHAMIM
Dental Assistant Surgeon
Government Taluk Head Quarters Hospital Nilambur-679329, India

Correspondence:
Dr. Thorakkal Shamim
Shangrila, Parappanangadi-676303
India.
E-MAIL: shamu3duad@rediffmail.com

An Unusual Foreign Body in Esophagus: Tablet with its Press Through Package (PTP)

Sir,

Foreign body ingestion is commonly encountered in children. Materials mostly seen ingested include coins, buttons batteries, fish bones and sewing needles.¹ Large size pills and food bolus can also get impacted in esophagus in patients with pre-existing esophageal strictures. We are presenting a case of impaction of tablet with its packing in esophagus in an adult which is an extremely rare cause for dysphagia.

A 40 years old man presented with one month history of accidentally swallowing a pill without removing its blister packing. He immediately developed dysphagia and odynophagia during feeding. As he failed to improve with medications, he was advised barium study 3 weeks after pill ingestion. A circular foreign body lodged in the upper esophagus was identified. Patient was referred for endoscopic removal of the pill.

On endoscopy, a large sized pill in press through package (PTP) was identified at 25 cm from incisor (Figure 1). Tablet was impacted with margins of PTP eroding in the surrounding mucosa. After failure to remove the foreign body with dormia basket and polypectomy snare, foreign body retrieval forcep was used to hold blister packing and tablet was removed after multiple attempts.

Following endoscopy, repeat barium study revealed no leakage or fistula while ulceration and mucosal irregularity was visible. Patient's recovery was uneventful with solid food intake allowed after one week.

Esophagus is a 25 cm long tubular structure with diameter of 2 cm antero-posteriorly and 3 cm laterally. Oral medications are prepared in size and shape so as to pass easily across esophagus. Few medicines like non-steroidal anti-inflammatory drugs (NSAIDs), iron preparations, caustic pills and bisphosphonates can still damage esophageal mucosa. Drug induced damage is mostly seen in patients with pre-existing pathology in esophagus-like stricture, growth or motility disorders i.e. achalasia. Injury to esophagus can result in ulceration, haemorrhage, perforation or in some cases fistula formation, but esophageal injury following ingestion of a tablet along with its blister packing is rarely encountered.

Oral pills are blister packed for quality assurance and preservation of its ingredients. Press through package (PTP) technology is used for blister packing and material used for it is aluminium foil. Due to sharp edges of this packing, it can induce mucosal injury with complications in cases of its ingestion along with the pill.²

Diagnostic workup of foreign body impaction includes history and plain X-ray neck and thorax. Barium swallow and CT chest are mostly used for confirmation and identification of possible complications. Upper GI endo-scopy is diagnostic as well as therapeutic for these cases.

Endoscopic extraction is the mainstay of treatment. Various endoscopic modalities available for retrieval include biopsy forcep, foreign body retrieval forcep, dormia basket, polypectomy snare and lithotripter.³
Surgery is needed in cases with failure of endoscopic removal or in those patients with complications like perforation or fistula.

Urgent endoscopic extraction of foreign body from esophagus is mandatory in view of possible grave consequences. This patient was fortunate to recover without complications despite one month delay in treatment.

REFERENCES


DR. SHAHID SARWAR AND PROF. ANWAAR AHMAD KHAN

Correspondence:
Dr. Shahid Sarwar
153-D, Muslim Road, Jinnah Colony, Samanabad Lahore.
E-MAIL: drnawalshahid@yahoo.com