

reported as sensitive in routine disk diffusion susceptibility test(6).

The present study highlights the incidence of ESbL producing *Klebsiella* isolates among neonates in Gulbarga. Patients with septicemia due to these isolates are unlikely to respond to the penicillins, cephalosporins and aztreonam, since these organisms may not appear resistant to these antimicrobial agents by conventional disc diffusion criteria. Hence, microbiology laboratories should look for ESbL production routinely and explicitly report their presence in order to avoid the undesired effects of multidrug resistance and also appropriate therapy can be instituted.

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Chronic Vomitting - Impacted Foreign Body in Lower Esophagus

Foreign body ingestion in children is a known health hazard. A 3-year-old boy with recurrent daily vomiting for the past 2 years, associated with dysphagia for the last one year was referred to our hospital. Vomiting was non-projectile and contained ingested foods without bile or blood. The child could accept only

liquids taken in slow sips in recumbent position. Examination revealed a pale (hemoglobi-75 g/dL), poorly thriving child with Grade 3 protein energy malnutrition and bitot spots. Fundus examination, renal function tests, liver function tests and X ray chest were normal. Conservative management with prokinetic agents and fluids was initiated. Barium swallow revealed a filling defect at the lower end of esophagus. Subsequent esophagoscopy (*Fig. 1*) showed a fruit of *Zizuphus jujuba* (Indian Plum) impacted against lower esophagus. Dormia basket

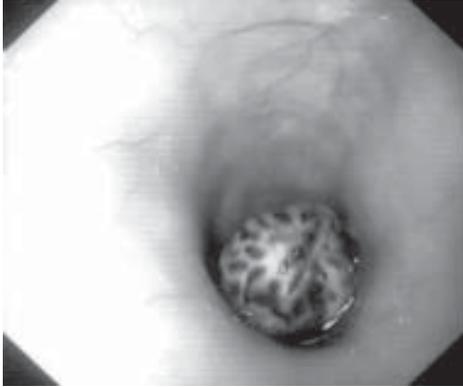


Fig. 1. Endoscopically visualized vegetative foreign body in esophagus.

removal of seed was accomplished. A stricture at lower end of esophagus with surrounding normal mucosa was noted. Esophageal dilation done subsequently has allowed the child to partake solid foods.

In children the commonest site of esophageal foreign body impaction is post cricoid area(1,2). All foreign bodies impacted in the esophagus should be removed within 24 hours because of the risk of perforation and serious fistula formation(3). Most reported cases of chronic esophageal foreign body are lodged for a few months before removal. Only a

single report exists of chronic vegetative esophageal foreign body impacted in the middle esophagus(3). In our case, a vegetative foreign body remained impacted in the lower end of esophagus for a prolonged 2-year duration. The stricture noted may be prior to or might have occurred secondary to the impactions since seeds of *Zizuphus jujuba* are spiky leading to trauma and fibrosis; impaction was longstanding; and dysphagia developed a year later after the onset of vomiting.

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