



Fig. Chest roentgenogram, postero-anterior view showing coin shaped homogenous opacity in the superior mediastinum.

plate the opacity was linear and posteriorly placed. On elective esophagoscopy, a 25 paise coin was removed. The surrounding musosa was inflamed and edematous, suggesting chronic irritation. The child subsequently improved considerably.

Initially no history of foreign body ingestion could be obtained from the parents. Later, however, on enquiry from other family members, it was found that a guest visiting their house 2 months back gave money to all the children of the house, including this child, directly in his hand. The elder sib then placed that coin the patient's mouth, which he must have swallowed.

Though foreign bodies in children are not uncommon(1) this case illustrates the dangerous implications of giving money to

such a young child as a gift, which can also prove fatal.

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#### Isolated Phrenic Nerve Palsy in Newborns

Isolated phrenic nerve palsy is a rare entity in the newborn. The first case of paralysis of a hemidiaphragm in the neonate was reported in 1902 by Naunyn in a child who also had an ipsilateral Erb's palsy. Only about 80 cases have been reported so far(1).

Phrenic nerve paralysis is usually seen in newborns due to traction birth injury. In this report, the infant presented with transient respiratory distress in the newborn period.

A baby boy was born at 35 weeks of gestation to a 23-year-old primigravida mother in a private nursing home after an uneventful antenatal period and labor. The

breech extraction was difficult due to shoulder dystocia.

The infant had been born asphyxiated and right upper limb was noted to be flaccid since birth. Tachypnea worsened at 20 hours. The infant was referred to this hospital when he was 24 hours old.

At admission the 1.83 kg male infant was grunting and in frank respiratory distress. Chest movements were decreased in the right hemithorax with a "see-saw" movement of the upper anterior abdominal wall. Other systemic examination was normal except for Erb's palsy of the right upper limb. A chest X-ray done at 26 hours of age showed the right hemidiaphragm was elevated 2 spaces above the left. Fluoroscopy at 50 hours of age showed paradoxical movement of the right hemidiaphragm with each inspiration.

The baby was treated with mask oxygen and intravenous fluids and the tachypnea subsided over the next 48 hours without antibiotics. The infant was discharged from hospital at ten days of age when movements of the right hemithorax continued to be less and repeat fluoroscopy still showed paradoxical movements of the diaphragmatic leaflets.

Review of the infant at 2 months of age showed he was thriving well. The chest movements were normal and no abnormal lung signs detected.

Phrenic nerve paralysis usually follows a difficult breech delivery. Most cases are unilateral and the right side is more commonly affected. Ipsilateral Erb's palsy is often associated(1). This usually presents

in the newborn infant as tachypnea, cyanosis, altered percussion note and reduced movements of the lower part of affected chest(2).

Chest X-ray may reveal elevation of the diaphragm on the affected side which may easily go unnoticed. Fluoroscopy shows characteristic paradoxical movements with the affected leaflet rising with inspiration and descending with expiration. (Keinboeck's sign)(2).

Treatment primarily involves placing the infant in an oxygen enriched environment. Respiratory distress usually improves in a few days but return of diaphragmatic movement will depend on extent of avulsion of the nerve roots. It is important to have a high index of suspicion of this condition in all cases of respiratory distress in neonates born after a traumatic delivery, especially, if associated with a brachial palsy.

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