

Live Leech as a Tracheal Foreign Body

A previously healthy 4-year-old girl presented with 10 days wheezing, difficulty breathing, and hemoptysis, with a 20 days history of a live leech coming out of the nasal cavity, but without cough. There was no abnormality noted physical examination. A chest computed tomography (CT) scan showed the existence of relatively high protrusions above the posterior tracheal wall at the level of sixth and seventh cervical vertebra (**Fig. 1 a,b**). She underwent tracheal foreign body removal surgery under general anesthesia with high-frequency jet ventilation. The foreign body was found sub-glottic on the posterior tracheal wall and

confirmed to be a live leech (**Fig. 1c**) and no respiratory irritation related syndrome. The patient had an unremarkable postoperative course, and was discharged home on the second day after surgery.

Although, tracheal foreign bodies frequently occurs in children, an alive leech was surprising.

Funding: Doctoral Research Initiation Fund of Affiliated Hospital of Southwest Medical University (19022).

RENSHU ZHAN, YIPING BAI*

Department of Anesthesiology,

Affiliated hospital of Southwest Medical University,
Luzhou, China.

**baiyiping0608@163.com.com*



Fig. 1 a,b) computed tomography showing the airway blocked by a foreign body (arrow); c) the alive leech removed from the trachea.

Chronic Urticaria in a Child With Nephrotic Syndrome: A Double Whammy!

Co-occurrence of nephrotic syndrome and chronic urticaria in a child is quite rare. Herein, we describe the concomitant occurrence of these two entities and possible role of dietary pseudoallergens in the causation.

An 18-months-old boy presented to pediatric inpatient department with five days history of periorbital and pedal edema, decreased urine output, fever, and recurrent urticarial rash. Based on these clinical presentations, nephrotic syndrome was suspected and specific laboratory testing was performed to establish diagnosis. Diagnostic workup by the treating pediatrician confirmed the diagnosis of nephrotic syndrome. Corticosteroid therapy (prednisolone) was started and tapered over period of 12 weeks. However, urticaria reappeared as the steroids were tapered and stopped. It did not resolved even with anti-histaminics and steroid therapy, and followed a relapsing remitting course. On dermatological review, urticarial rash had been present since 8 months of age, ever since the introduction of formula feed in the child's diet. Our differential diagnosis included hypocomplementemic urticarial vasculitis syndrome (HUVS) and pseudoallergen - induced chronic urticaria.

Suggested investigations could not be carried out due to resource constraints. Complete blood count, erythrocyte sedimentation rate, C reactive protein, anti streptolysin O titre, antinuclear antibodies, autologous serum skin test, absolute eosinophil count, thyroid function test, IgE levels, CH50, C1q, C2, C3, C4 levels, stool microscopy and culture, urine analysis, dental and ENT examination were done. All investigations were within normal limits. Skin biopsy was performed to rule out vasculitis. Allergen test was not done due to feasibility issues. Absence of any other symptoms, normal complement levels and painless itchy fleeting wheals with duration of 1 to 24 hours ruled out HUVS. Since, there was a temporal association between initiation of baby formula feed and onset of urticaria, we looked at its ingredients in detail, which were found to be partially hydrolyzed milk protein (casein and whey), azo dyes as coloring agent, and sodium benzoate as preservatives. All these are known pseudoallergens. One week analysis of child's diet revealed that he was not having any finished, packaged or convenience products except formula feed. After pediatric consultation, we removed this formula feed from his diet and put him on a low pseudoallergen diet for 3 weeks. This was followed by a marked improvement in the chronic urticaria, and no recurrence of the lesions.

Pseudoallergens in diet are one of the most common causes of chronic urticaria in adults [1]. However, there is still scarcity of literature on pseudoallergen-induced urticaria in children [2].