Tapping fracture of tibia

An 18 year old man had a painful right shin after having been kicked playing football. The area was swollen, bruised, and tender, but no abnormality was seen on x ray examination. He was discharged. Pain persisted and increased while he was dancing eight days after the injury. Later his right leg gave way with a loud snap. X ray examination showed a tibial fracture. The fracture was undoubtedly caused by the kick, but intact, thick periosteum prevented displacement until the dancing.—THOMAS B YOUNG, Department of Accident and Emergency, Tameside General Hospital, Ashton under Lyne, Lancs OL6 9RW.

Spontaneous enteroumbilical fistula

A 52 year old man presented with congestive cardiac failure, ascites, and a reducible umbilical hernia. Extensive investigations disclosed no other problems; the cardiac failure was controlled, and the hernia no longer protruded. Five months later he was readmitted with an umbilical fistula, and a fistulogram showed a connection to the mid-ileum. The fistula was repaired and 8 cm of the ileum was resected: histological examination showed nothing specific. One year later he was entirely well. This is the first case of an umbilical fistula associated not with Crohn's disease, tuberculosis, or diverticulitis but only with ascites.—C S UBHI, P W WENHAM, Queen's Medical Centre, University Hospital, Nottingham NG7 2UH.

Covert bronchial foreign body

A 21 month old girl presented after vomiting after lunch. She had been playing with a hair grip, but her parents had not noticed her choking. Examination showed no abnormality, but chest radiographs showed the grip in her right main bronchus. It was successfully removed at bronchoscopy. That an object 6.5 cm long, 0.6 cm wide, and 0.15 cm thick should sit in the right main bronchus and produce no signs or symptoms is remarkable.

The air passages of children are common sites of inhalation of foreign bodies. Most of these are expelled by vigorous coughing, but otherwise respiratory symptoms are bound to occur. Initially these are usually similar

irrespective of the size of the foreign body and include sudden choking, paroxysmal coughing, and gagging. Nevertheless, the child may have no further symptoms for days or weeks, presenting then with recurrent lobar pneumonia or bilateral wheezing. If these are allowed to persist chronic bronchopulmonary disease may follow.—SHABBIR AHMAD, Lewisham Hospital, London SE13.