Picture Reports

Inhaled foreign body causing swelling of the neck

A 7 month old boy was admitted with symptoms of an upper respiratory tract infection. Several hours later he was noted to have generalised swelling of the neck. A lateral neck radiograph showed a foreign body in the laryngeal inlet with secondary surgical emphysema. This was removed under general anaesthesia, and he recovered completely. The foreign body, a metallic component of a model kit belonging to the infant's father, had lodged in the larynx and punctured the airway wall. We believe surgical emphysema of the neck has not previously been reported in association with an inhaled foreign body.—M S JASWON, C J E WYNNE-WILLIAMS, Department of Paediatrics, General Hospital, Northampton.

Abnormal ciliated cells in hypoplastic lungs

Little is known about ciliogenesis in developing human bronchi, but cilia of normal appearance can usually be seen by 8-9 weeks' gestation. Using sequential segmental imaging (a technique of three dimensional, scanning electron microscopic reconstruction), I have found abnormal ciliated cells and an unusual distribution of respiratory epithelial cells in hypoplastic respiratory systems from three stillbirths of 28, 28, and 29 weeks' gestation. The cilia on some cells were abnormally short, curved at acute angles, fused, or reduced in numbers. These abnormal cilia may play a part in the pathogenesis of hypoplastic lungs.—G MOSCOSO, Department of Morbid Anatomy, King's College School of Medicine and Dentistry, London SE5 9RS.

Accidental subcutaneous infiltration of potassium chloride solution causing necrosis

A man aged 65 was admitted with supraventricular tachycardia and a blood pressure of 80/40 mm Hg. He was taking digoxin and diuretics. The serum digoxin concentration was 6.2 nmol/l and the potassium 3.4 mmol(mEq)/l. One mol/l potassium chloride solution was given by intravenous infusion pump into a peripheral vein, but the cannula became dislodged and the solution extravasated. Intravenous phenytoin eventually restored sinus rhythm. The resulting skin necrosis required a skin flap to cover the defect. The use of an infusion pump to deliver concentrated potassium chloride solution into a peripheral vein should be avoided. We suggest a maximum concentration of 0.095 mol/l (10 mmol/l potassium chloride in 100 ml dextrose)¹ or alternatively central venous administration.—H P E WILLIAMS, Singleton Hospital, Swansea SA2 8QA.

¹ Behnia R, Wilkinson CJ. Lidocaine treatment of experimental cutaneous lesions from potassium chloride injection. *Anesthesiology* 1977;47:428-9.