Background and Aim Injury due to foreign body (FB) aspiration and/or ingestion is a common and serious pediatric emergency. FB injury (FBI) most commonly occurs in children less than six years, and the incidence of FBI has increased in recent years. The aim of the present study was to evaluate and compare the characteristics of FBI due to ingestion and aspiration.

Methods Data from who were hospitalized for FB ingestion and/or aspiration and underwent rigid bronchoscopy and esophagoscopy from 2008–2011 were retrospectively evaluated. FB in the upper aerodigestive tract (ADT) was evaluated with respect to the characteristics of patients, clinical presentation, management strategy, the outcome, and features of FB.

Results A total of 192 patients admitted for FB ingestion or aspiration in the pediatric surgery department were evaluated. The mean age was 40.9±35.73 months. The majority of patients were fewer than four years of age. FB were mainly located in the upper esophagus for ingested FB 60.8%, while for aspiration 45% of FB were in the main right bronchus. A total of four patients died. The hospitalization period of patients admitted for FB aspiration was longer than that of patients with FB ingestion. Surgery was performed in four patients. The most commonly ingested FB were coins, while seeds were the most commonly aspirated.

Conclusion Prevention is the key to dealing with FBI. Since the frequency of foreign bodies is higher in under-developed countries, education of parents regarding the dangers and prevention of aspiration and ingestion is important.

Objectives To investigate gender and age differences in sociodemographic risk factors and their relationship with femur shaft fractures and injury mechanisms in children.

Methods Population based case-control study. Swedish children (N=1,874), aged 0–14 years, with a femur shaft fracture diagnostic code between 1987–2005 were compared to matched controls (N=18,740). Data were based on record linkage between six Swedish registers. Adjusted Odds Ratios were calculated.

Results Parental age < 25 years old increased the risk (25%) for fracture, compared to parents with an average age of 25–37 years. When stratifying for gender and age group, the risk (40%) was only seen in older boys, 7–14 years of age. If parents’ total income was among the 25th percentile, the risk (20%) increased, compared to parents with an income in the 50th percentile. The risk (50%) was only seen in older girls living in low-income households. Children with at least one university-educated parent reduced their fracture risk (15%), compared to children whose parents had 10–12 years of education, but this decrease could not be linked to gender and age group.

Family composition, number of siblings, birth order or receiving social welfare did not influence the fracture risk.

Regarding the cause of injury none of the sociodemographic variables influenced the risk equal for boys and girls.

Conclusions Sociodemographic differences related to femur shaft fracture rate and cause of injury differ between boys and girls in different age groups. This have implications for parental counselling.

Background Although ultrasound is often the preferred pediatric imaging study, many institutions lack ultrasound access at night for radiographic imaging for evaluation of intussusceptions.

Methods A retrospective chart review of patients evaluated for intussusceptions from January 2010 to December 2010 was performed to evaluate daytime and nighttime use of radiographic imaging for evaluation of intussusceptions.

Results 86 pediatric consultants with suspected intussusceptions were performed. Forty (46.9%) consults were performed during the day. During the day, 38 (95%) patients underwent US and 33 intussusceptions were performed. During the day, 38 (95%) patients underwent US and 33 intussusceptions were performed.

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Abstracts

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