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AN UNUSUAL CAUSE OF PERSISTENT CRYING IN A TODDLER

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☐ **Abstract—Background: Excessive or persistent crying is a common presentation to the pediatric emergency department, and often poses a diagnostic dilemma to emergency physicians. There are several reasons for excessive or persistent crying in children, ranging from benign causes like hunger, to life-threatening causes such as intussusception. Case Report: We report an interesting case of a toddler whose cause of excess crying, with no detectable clinical clues, was eventually attributed to a foreign body in the esophagus. A brief review of diagnostic approach to excess crying and management of ingested foreign bodies is presented. Why Should an Emergency Physician Be Aware of This?: Ingested foreign body is a potential cause of persistent crying, and early recognition can result in definitive treatment and prevention of potential mortality and morbidity.** © **2016 Elsevier Inc. All rights reserved.**

☐ **Keywords—persistent crying; foreign body; toddler; imaging**

INTRODUCTION

Excessive crying is a fairly common presentation to the emergency department (ED) and needs comprehensive evaluation. Most of the literature addresses excess crying in early infancy with focus on infantile colic (1). A large retrospective survey of infants presenting to the ED with excessive crying found serious underlying pathology in 5.1% of children, the most common cause identified as urinary tract infection (2). Literature search did not reveal any previous report of a foreign body ingestion presenting as persistent crying. We describe a child who presented to the ED with persistent unexplained crying, who was eventually detected to have a foreign body in the esophagus.

CASE REPORT

An 18-month-old previously healthy girl was brought to the ED by her mother with chief complaint of excessive crying for the last 4–6 h. Her birth history, family, social history, and developmental milestones were unremarkable. She was born at full term with no antenatal or perinatal complications. Prior to the symptoms, the child was described as a good eater, was on a normal diet, and was thriving appropriately. The patient's mother reported that about 6 h prior, the child became fussy and then began to cry. The child refused to eat or drink, and crying became persistent. All efforts to console the child were futile. She did not notice any overt change in her appearance and there was no fever, gagging, or localization of pain. The mother brought her to the ED with concern for possible ear infection, as she had past history of multiple ear infections. Her immunizations were up to date and there was no history of allergies. Her vital signs were; pulse rate of 148 beats/min, respiratory rate of 28 breaths/min, temperature 37°C, blood pressure 80/50 mm Hg, and pulse oximetry of 100% in room air. Physical examination revealed a crying, irritable, and fussy child clinging to her

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mother's arms. There were no skin rashes, cardiovascular examination was unremarkable except for mild sinus tachycardia on the monitor, breath sounds were equal bilaterally and normal, and abdominal examination was unremarkable with no organomegaly. There were no signs of meningitis, and the remaining neurological and musculoskeletal examination was normal. The head, eye, ear, nose, and throat examination was also normal, with no evidence of otitis media or pharyngeal erythema. While speaking to the mother, it was noticed that she had only one earring on the right. When asked about the left earring, the mother realized that it was missing and indicated that it may have fallen off en route to the hospital. At this juncture, the question was raised if the child could have swallowed the earring. X-ray studies of the neck and chest were ordered, and they revealed that the earring was lodged in the upper esophagus (Figures 1 and 2). Gastroenterology consult was initiated and the earring was retrieved on endoscopy (Figure 3) under anesthesia. Post removal, a small area of ulceration was noted at the site of impaction (Figure 4). The child ceased crying and returned to her usual level of activity without any symptoms of airway involvement. She tolerated her diet well and was discharged home in stable condition.

DISCUSSION

Excessive crying is a common presentation to the ED and should be differentiated from transient crying which is frequently due to infantile colic (1–4). Although there is no standard definition of excessive crying, it generally refers to crying that continues after caregivers have attempted to meet routine needs or crying that continues for longer than usual for a given child.

There are several reasons for excessive or persistent crying in children. Common causes, their clinical presentation, and ancillary studies are summarized in Table 1.

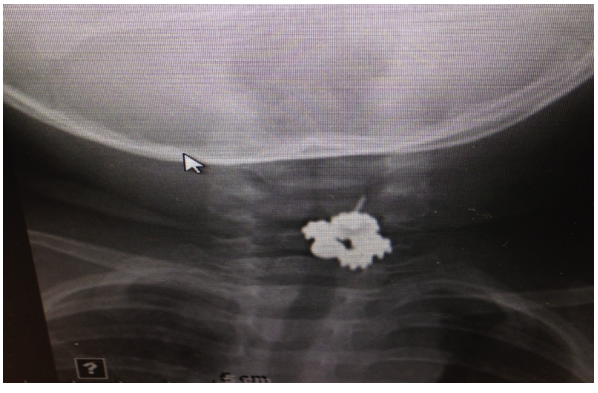

Figure 1. X-ray study of the neck (anteroposterior view) showing foreign body just above the thoracic inlet.

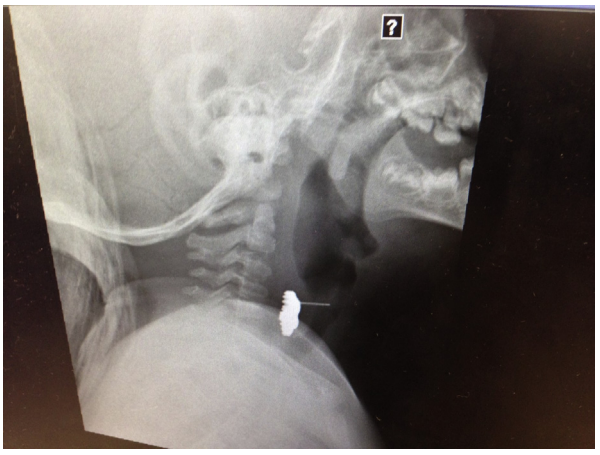

Figure 2. X-ray study of the neck (lateral view) showing foreign body in the upper esophagus.

Some of these causes can be excluded with a thorough history and a thorough physical examination. In this case scenario, lack of fever or change in color of the stools made infections, intussusception, or Meckel diverticulum less likely. Gastroesophageal reflux disease and colic are much less common at her age. Physical examination did not reveal any obvious injuries, and her systemic examination was normal. Diagnosis of foreign body ingestion was not an initial consideration, as there was no compatible history, including lack of obstructive symptoms like drooling, substernal chest pain, stridor, and wheeze. While conversing with the mother, it was observed that she had only one earring on the right. The missing left earring of the mother serendipitously prompted suspicion that the toddler may have ingested the earring. This resulted in the performance of imaging studies (neck and chest x-ray studies) that resulted in the detection of the ingested earring lodged in the upper esophagus. The earring

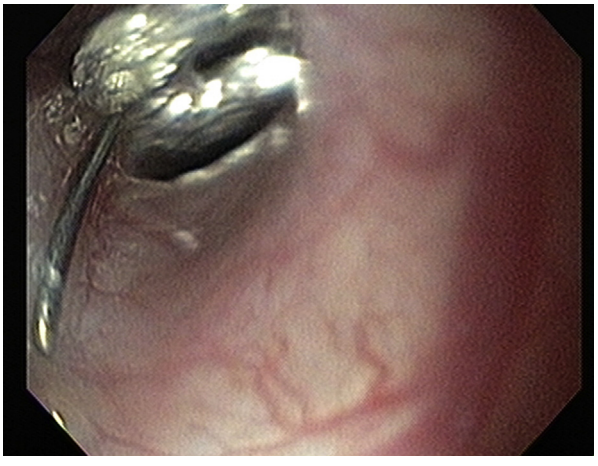

Figure 3. Endoscopic image of the foreign body in the esophagus.