

## Surgical emergencies in pediatric otolaryngology

To the Editor

I read the interesting study by Mazrou et al<sup>1</sup> on the surgical emergencies in pediatric otolaryngology. I have 2 comments regarding their study.

First, otorhinolaryngologic (ORL) foreign bodies' impactions represent one of the leading causes of admission to ORL clinics and, hence, to ORL surgical emergency units. Mazrou et al<sup>1</sup> addressed that 42% of the total pediatric ORL emergencies were foreign bodies-related. This figure is higher than that reported in our Iraqi ORL clinic, where it constituted only 11.7% of total admissions with ORL problems in the following descending distribution, nose (8.7%), ear (2.7%), and larynx (0.4%).<sup>2</sup> The authors did not address the exact age distribution of the studied patients with ORL foreign bodies' impactions. However, I presume they were mainly toddlers as noticed by many studies. Toddlers are often curious, put virtually anything into these potential orifices, and are frequently out of sight of parents and caregivers. Moreover, a disturbed home environment and child neglect are well-known predisposing factors to these accidents.<sup>2-5</sup> The ORL foreign bodies' injuries are posing a great threat not only with regards to the clinical aspects, but also from the public health perspective, and their treatment is associated with high costs, in particular when surgery is needed.<sup>6</sup> Therefore, public health education and preventive programs are warranted. In addition, ORL specialists must be armed with high index of suspicion to tackle early and manage these potentially life threatening events.

Second, pediatricians and ORL specialists share a combined responsibility in properly diagnosing and managing pediatric ORL health problems, in particular the emergency cases. Enrollment of pediatricians in training courses in otorhinolaryngology can tremendously enhance their skills. In Iraq, pediatricians attending ORL courses are an essential prerequisite that must be successfully fulfilled before awarding them the degree of fellowship by the Iraqi Commission of Medical Specializations.

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### Reply from the Author

As Prof. Al-Mendalawi pointed out in his letter, ear, nose, and throat foreign bodies are considered one of the leading causes of hospital admission. The reason

for a higher rate of admissions due to foreign bodies in our hospital is because our institution is a referral center in Riyadh, Saudi Arabia. The age distribution for those patients was between 18 months and 5 years. We totally agreed with Prof. Al-Mendalawi that ear, nose, and throat foreign bodies pose a significant health problem that needs an extensive public health education campaign in the Arab World. Our study clearly points out that prevention and proper health education is the first line of defeating such catastrophe. With regards to the second point, as we know conditions relating to the ear, nose, and throat are very frequent problems encountered by general pediatricians. Similarly, a major percentage of patients seen and operated on by the general otolaryngologist are of the pediatric age group. On surveys<sup>7</sup> sent to a large cross-section of pediatricians and otolaryngologists in Canada, 100% of pediatricians indicated that formal training by otolaryngologists was necessary. Pediatricians desire more training using all 3 educational venues, namely: lectures, clinics, and rotations. While they are receiving lectures more often, they indicate that clinics are the most important mode of education. The author concluded saying there is a perceived deficiency of cross-training between the 2 specialties. Both pediatricians and otolaryngologists have indicated that they need more formal cross-training. This is a very important area to address, as this study relates directly to the optimum health of children worldwide.

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