
**Part
one**

**Part
two**

**Part
three/
four**

- Q1 (c) The sudden onset of respiratory distress in a child of this age must raise the question of an inhaled foreign object. Daniel is becoming a little old for bronchiolitis: asthma may present in this way but is much less likely than an inhaled foreign object. This is not likely to be a bacterial infection, which would make him much more ill and would not resolve so quickly.
- Q2 (a), (b), and (c) are serious mistakes which might lead to a fatal outcome for the child (see answers to Q4!) In a large study of children with foreign body inhalation around 20 per cent had normal chest X-rays. Remember that Daniel's mum is on her own and can't be expected to supervise him all the time. He plays often with his big sister, so that accidental inhalation of a foreign object is perfectly possible – and would be unreported.
- Q3 (c), (d). These examinations should be done only by an experienced paediatric ENT surgeon well versed in dealing with inhaled objects. Epiglottitis and laryngitis are a possible complication of an inhaled object, and using a tongue depressor and trying to view the epiglottis with a standard laryngoscope may provoke acute spasm that can be fatal. (a), (b) and (e) are disastrous answers.
- Q4 (b), (c), (d), (e), and (f) are all complications of undetected foreign body inhalation. Daniel was fortunate: he had a piece of a small plastic toy lodged at the division of his trachea. It was removed through an endoscope, and he recovered completely. He is back to his normal active and very friendly self.

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