Detection of aluminium ring pulls

EDITOR – I was interested in the article on hand held metal detector location of aluminium ring pulls by Ryan et al.1 The use of such detectors may be extended to include other metal containing foreign bodies, whether or not they are expected to be radio-opaque. Presence of the foreign body is detected more sensitively by the metal detector than by plain radiographs, and localisation to the stomach or lower gastrointestinal tract permits conservative management without confirmatory radiographs.2

This has particular advantages for children, who tend to swallow a large variety of objects and in whom radiation should be avoided if possible. The cost of such a hand held metal detector would be quickly recouped once five or so radiographs had been avoided.

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Finding and removing small foreign bodies: a new technique for A&E

EDITOR – The removal of small calibre foreign bodies such as needles and splinters of wood is a recurring difficulty in the accident and emergency (A&E) department. The time when foreign body removal should be at its easiest is when there is a fresh wound and tract. Removal should result in quicker wound healing and fewer complications. Even if the presence of a radio-opaque foreign body is known there is still the problem of finding and removing it.

I propose a simple method for detecting and removing small calibre foreign bodies which is suitable for use in the A&E department. It has not been described before. I have used it on 12 occasions and have succeeded in completely removing the foreign body on 11 of them. The only "failure" was in a patient with three fragments of glass in a finger tip, where two larger pieces were found and removed but the third, measuring about 1 mm in diameter, was not found. This piece was left in situ and caused no symptoms. Two typical examples of the use of this technique are presented.

TECHNIQUE
The technique simply involves identification of the tract by wiggling a piece of 1/0 or 2/0 nylon down through the entry point until it reaches the foreign body. The piece of nylon is held between the index finger and thumb. While rubbing it between the finger and thumb, push it into the wound so that it rotates and follows the tract made by the foreign body. It is usually easy to feel the nylon make contact with the foreign body. The nylon probe is left in the wound tract, which can then be opened by cutting from the entry point alongside the nylon until the foreign body is reached. It can then be easily removed.

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