A 3-month-old baby was referred to us from the pediatric department with the accidental diagnosis of ingested foreign body (FB) on X-ray. The child had reported to the pediatric department with the history of drooling of saliva, not accepting mother’s feed and vomiting for the past 7 days. In general, the child was irritable and always crying. The patient had no signs or symptoms of respiratory distress. After a thorough clinical evaluation, no apparent clinical diagnosis could be made. It was during investigations that X-ray chest- postero-anterior (PA) view revealed the metallic FB: a radiopaque FB with sharp edges was seen at the level of C7 to T2 vertebrae (Figure 1). X-ray chest lateral view confirmed the presence of FB in the esophagus (Figure 2). However, the parents of the infant were oblivious of this. The FB zipper hook was removed by rigid endoscopy under general anesthesia: it was lying impacted in the upper part of esophagus 16 cm from the upper incisor (Figure 3). The postoperative period was uneventful and breast feeding was permitted after 24 hours of the endoscopy. Subsequently, the patient was discharged and a regular follow-up was kept in the ENT OPD (ear nose throat out patient department) for 3 months, with no untoward incident to report.

The peak incidence of FB ingestion in children is generally seen in the age-group of 6 months to 3 years, when children out of curiosity develop a tendency to insert objects in body cavities. Foreign body ingestion in infants below 6 months of age is a rare occurrence. From our search (Medline/PubMed) of literature we could find very few cases of FB ingestion in children of 3 months of age, namely an impacted ring in a
In summary, the case in focus merits mention on account of (1) rarity of the occurrence of FB ingestion in age-group less than 6 months, especially sharp objects, (2) Underlining the importance of detection of subtle clinical signs like drooling, not accepting feeds and irritability as important sentinel signs for FB ingestion in the said age-group, and (3) propagation of concept of adult child care, as the most effective preventive management of FB accidents in infants.

Declaration of Conflicting Interests
The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD
Gautam Bir Singh https://orcid.org/0000-0001-6949-8300
Devanshu Kwatra https://orcid.org/0000-0002-4042-6407

References
1. Lee JH. Foreign body ingestion in children. Clin Endos. 2018;51(2):129-136.
2. Gans SL, Austin E. Foreign bodies. In: Ashcraft KW, Holder TM, eds. Pediatric Surgery. 2nd ed. WB Saunders Company; 1993:82-89.
3. Zameer M, Kanojia RP, Thapa BR, Rao KL. Foreign body esophageal perforations. Afr J Paediatr Surg. 2010;7(2):114-116.
4. Sahni JK, Singh GB, Verma R, Dhandha SK. A rare case of lithium battery ingestion in a neonate with no complications. Paediatr Emerg Care. 2012;28(7):705-706.
5. Tokar B, Cevik AA, Ilhan H. Ingested gastrointestinal foreign bodies: predisposing factors for complications in children having surgical or endoscopic removal. Pediatr Surg Int. 2007;23(3):135-139.
6. Stricker T, Kellenberger CJ, Neuhaus TJ, Schwoebel M, Braegger CP. Ingested pins causing perforations. Arch Dis Child. 2001;84(2):165-166.
7. Nicksa GA, Pigula FA, Giuffrida MJ, Buchmiller TL. Removal of a sewing needle from an occult esophageal ingestion in a 9 month old. J Pediatr Surg. 2009;44(7):1450-1453.
8. Yadav SPS, Chanda R, Malik P, Chanda S. Ingested nail penetrating the neck in an infant. Int J Pediatr Otorhinolaryngol. 2002;65(2):159-162.
9. Waltzman ML. Management of esophageal coins. Curr Opin Pediatr. 2006;18(5):571-574.
10. Krammer RE, Lerner DG, Lin T, et al. Management of ingested foreign bodies in children: a clinical report of the NASPGHAN endoscopy committee. J Pediatr Gastroenterol Nut. 2015;60:562-574.