Misuse of the Wooden Tongue Depressor

Sir,

The purpose of this review is to sound a red alert over the erroneous use of disposal wooden tongue depressor (DWTd) for high risk patients. A literature search was conducted for medical and nonmedical uses of the disposable wooden tongue depressor (DWTd). Search strategy was through Medline and Google.

Besides inspecting throats, medical uses include mixing medications, splinting fractures, securing intravenous fluid lines, handling stool specimens. Nonmedical uses of the DWTd include bookmark, toy, ruler, memo and phone pad, recording housestaff evaluations, spoon for ice cream, mixing hot beverages, and a toothpick. However, use of the DWTd, is not without associated morbidity and mortality, especially in the immunocompromised host. There are scattered reports, in the literature, of nosocomial infection with *Rhizopus microsporum*, the fungus responsible for mucormycosis, particularly after the use of DWTds in patients with depressed immunity.¹⁻³ Mucormycosis is an opportunistic fungal infection. Innocent as it may seem, inspecting throats of immunocompromised patients with a DWTd, or even using it to mix medications, is a risk factor for fungal spore transmission.^{1,2} In addition to their weak immune defences, premature babies are at high risk because of the use of occlusive dressings, and humidity inside the incubators. In premature infants, DWTds serve as a vehicle for fungal spore transmission, when used as splints to secure lines for intravenous and intraarterial fluids.³ In a nosocomial mucormycosis infection in an

Intensive Care Unit in Spain, the fungus was even grown from unopened DWTd boxes.⁴

In conclusion, the use and abuse of the DWTd were reviewed. Associated morbidity and mortality occurs in immune deficiency states, which promote fungal proliferation. Prevention of infection includes avoidance of the DWTds and other wooden instruments, when caring for a patient with depressed immunity. While the DWTd may be used safely in healthy children, it should be avoided in high risk patients, such as the immunocompromised and neonates.

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Retropharyngeal Abscess in the Neonate

Sir,

Retropharyngeal abscess (RPA) is very rare in the neonate.^{1,2} Herein, we report a neonate with RPA who had airway compromise and mediastinitis and was managed successfully.

A 28-day-old male baby was brought to the pediatric emergency services with complaint of fever, neck swelling and lethargy, with refusal to feed. Examination revealed a febrile, lethargic and sick looking neonate with palpable cervical lymph nodes of 1-1.5cm size on the left side. USG of swelling on the left side of neck

showed multiple enlarged hypoechoic lymph nodes. CRP was positive and blood culture was sterile. Clinical diagnosis of lymph node abscess with sepsis was made and injection amoxyclav and amikacin were charted.

On day 3 of admission, baby developed severe respiratory distress. Air entry was markedly decreased on both sides, but there was no stridor. The baby was immediately intubated and showed dramatic improvement in respiratory distress and air entry. A repeat USG revealed retropharyngeal abscess.