



BRITISH ASSOCIATION OF PAEDIATRIC SURGEONS

Advancing paediatric surgery through education and research

at The Royal College of Surgeons, 38-43 Lincoln's Inn Fields, London WC2A 3PE • Tel: +44 (0)20 7430 2573

C [REDACTED] London

7th April 2024

Dear Coroner Hassell

British Association of Paediatric Surgeons (BAPS) Response to the Inquest Touching the Death of Kazarie T'Calla Kwaku DWAAH-LYDER A Regulation 28 Report – Action to Prevent Future Deaths

Thank you for sharing your report with us regarding the tragic and untimely passing of Kazarie Dwaah-Lyder.

Senior colleagues in the British Association of Paediatric Surgeons (BAPS) and RCPCH and RCR have discussed the report together

We were again saddened to hear of another fatal case following a Foreign Body Ingestion (FBI) in a child. The detailed circumstances surrounding Kazarie's death will be a matter of further interest as many professionals may be involved in children with FBI.

We fully recognise the wider public interest in such cases. We do not however comment on individual cases or specific inquests.

We have already responded to a request for information from the evening standard and we explained that we will be working widely with the royal colleges and other groups to address the prevention of future deaths.

The BAPS response is below:

National guidance on all types of hazardous foreign body is not currently available. However, BAPS is currently leading a multi professional working group on a pathway for ingestion of button batteries. Obviously we cannot be specific about all types of FBI but we feel this group might consider a generic pathway for all FBI in children. With more specific guidance for the commonly reported hazardous FBs and including those that may be minimally or non radio opaque (radiolucent) on plain X-ray .

They have advised that they would be happy to receive your report and consider whether guidance could be developed as part of that scope of work. The group includes clinicians working in emergency medicine, gastroenterology with endoscopy expertise, Paediatric and ENT surgeons in association with NHS commissioners. The working group would be pleased to invite a paediatric radiologist representing the British Society of Paediatric radiologists (BSPR) with the RCR to consider aspects of the pathway relating to detection of FBI through imaging. The British Association of Paediatric Otorhinolaryngologists (BAPO) are well positioned to give advice on endoscopy of the pharynx and airway and I will share this with them.

[REDACTED] It is our sincere hope that we will be able to offer an accessible and timely care pathway for all children suspected of FBI. We understand that these points will be considered by the working group based on the best interests of children and young people. The wider problem is complex

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Four phases of a pathway needs consideration

- 1 Prevention
- 2 Presentation/escalation or activation of emergency teams
- 2 Detection by imaging and or endoscopy
- 3 Intervention & extraction
- 4 Identification and treatment of complications or after effects

Regarding prevention BAPS have previously partnered with the child accident prevention trust in 2021 in an awareness campaign highlighting the FBI of button batteries and strong magnets

<https://www.baps.org.uk/news/announcements/the-child-accident-prevention-trust-the-childrens-surgical-foundation-and-baps-raise-awareness-of-dangerous-toys-including-magnets-this-christmas/>

We all recognise that FBI represents a common problem in children. The history and physical examination are usually not enough to recognise the presence of a FB. Many are unwitnessed, undetected and will pass unnoticed. Children who swallow may be asymptomatic on initial presentation, or present to the emergency services with non-specific findings such as irritability and feeding issues.

foreign bodies that become lodged in the oesophagus may result in a wide spectrum of symptoms including vomiting, drooling, choking, chest pain and feeding refusal. Respiratory symptoms (e.g., wheezing, distress, cough) can be present when the object is closer to the airway. Any of these symptoms might also common in children with upper respiratory tract viral illnesses.

Detection of all non radio opaque (radiolucent) or low opacity objects will be more challenging. A rational approach to resource utilisation will be important in order to be made to minimise risks of exposure to ionising radiation, general anaesthesia or interventional procedures.

A comprehensive systematic review of publications of radiolucent FBI literature is underway led by a group of paediatric surgeons involved in the case.

The information within your report and our response will also be shared with the wider collaborating professional groups, and through the BAPS communications and professional meetings. We will share quality improvements and recommendations arising from our subsequent work.

Thank you for seeking our opinions and contributing to our current work.

We offer our sincere condolences and heartfelt sympathy to Kazarie's family.

Our intentions as always are to advocate the well-being of children and to prevent an event like this from happening again.

Yours Sincerely

[Redacted Signature]

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