Results With reference to our cases, we review the management protocols for ingested FB in paediatrics patients.

Conclusions Urgent Endoscopic removal (within 2 hours) is indicated in:
- All symptomatic patients
- Sharp foreign body
- Esophageal foreign body
- Foreign body in the stomach if:
  - Age <5 years- >2 cm in diameter and >5 cm in length
  - Age >5 years- >2.5 cm in diameter and >6 cm in length
- Non urgent endoscopic removal should be followed in:
  - Magnetic foreign bodies within 24 hours
  - Ingested button batteries in stomach impacted for >48 hours
  - Blunt small nontoxic foreign body in the oesophagus for more than 24 hours.

Background Esophageal Duplication Cyst (EDC) is a very rare congenital anomaly. It may present with respiratory and feeding difficulty depending upon the location in the oesophagus. We are reviewing this rare congenital malformation affecting the children who presented to us with the main symptom of recurrent chest infection and stridor.

Methods Our first patient is a 2 years 6 months old female child who had complaints of recurrent chest infections and stridor onset at 6 months of age. The child develops a cough, fever, fast breathing, retractions and stridor during each episode, these symptoms respond to the treatment for few weeks and then reoccurs. At 13 months of age, the child developed pneumonia, which was persisting, for which CECT chest was done. A cystic lesion adjacent to oesophagus was found suggestive of EDC. Our second case is an 11 months old female child who was well until 5 months of age had a history of recurrent chest infection and stridor and then reap- pears after few weeks. On introduction of weaning food to the child, parents noted that child develops vomiting, regurgitates given a meal, and had choking like symptoms. These symptoms were more when given meal was semisolid (impacting) inconsistency and were increasing gradually. With these symptoms child brought to us. Chest X-ray done had shown tracheal deviation, CECT done revealed cystic lesion suggestive of EDC. In both cases, the diagnosis was confirmed by histopathological analysis of specimen removed surgically. On follow-up, patients were found healthy and asymptomatic.

Results Diagnosis of EDC is difficult but should be thought of after excluding common causes of persistent or recurrent wheeze, distress, stridor, vomiting and dysphagia. If missed, serious complications like rupture of the cyst, secondary infection, mediastinitis and malignant transformation can occur.

Conclusions EDC is a rare finding but should be included in patients presenting with recurrent wheeze and stridor, CECT is the diagnostic modality.