moans, and psychic groans," which is used to recall the signs and symptoms of hypercalcemia.[4]

The patient was managed with intravenous fluid, calcitonin, diuretics, and oral prednisolone (40 mg/day for 4 weeks, followed by tapering). His symptoms and calcium profile normalized in the next 3 days. A low-dose steroid (10 mg) was continued, and he remained asymptomatic during the 12-month follow-up, with normal CT of the thorax and normal calcium profile. ■

Data statement

Data sharing statement available at www.jpeds.com.

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The Wandering Calcified Lung Nodule

A 1.5-year-old, previously healthy fully vaccinated boy presented to the pediatric emergency department with a 3-day history of fever and cough. A history of foreign body aspiration was denied. His parents were refugees from Eritrea. His father had completed therapy for proven tuberculosis 7 years ago. On presentation, the child's temperature, saturation, and heart rate were 102.6°F, 93%, and 170/minute, respectively. He was alert but dyspneic with bilateral wheezing on auscultation. Laboratory tests demonstrated 25 000 μ/L leukocytes with an elevated C-reactive protein. Coronavirus disease-2019 reverse transcriptase polymerase chain reaction was negative. Chest radiograph showed right lower lobe interstitial markings and a calcified left perihilar nodule (**Figure 1**).

Salbutamol inhalers and cefuroxime were initiated for wheezing and suspected pneumonia. Nasopharyngeal swab was positive for rhinovirus, tuberculin test, and gastric lavage for tuberculosis polymerase chain reaction were negative. The cough persisted with decreased air entry into the right

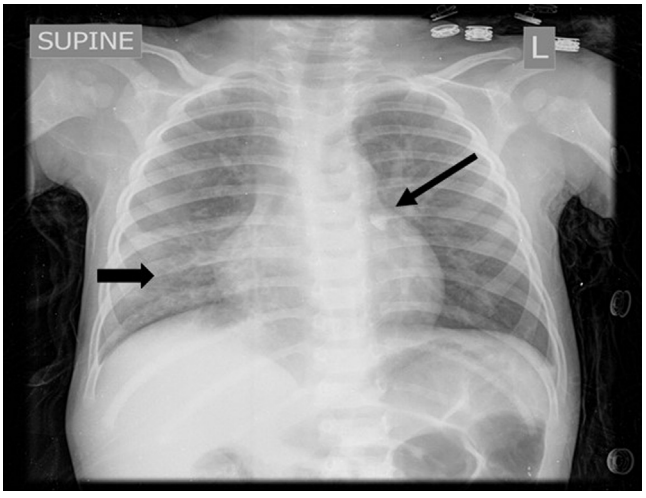

Figure 1. Chest radiography showing right lower lobe interstitial markings (*thin arrow*) and a calcified left perihilar nodule projecting to the left main bronchus (*thick arrow*).

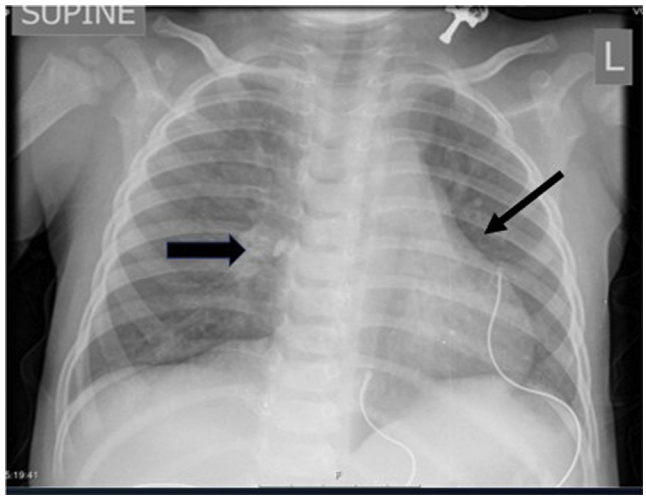

Figure 2. Chest radiography showing left lower lobe peribronchial markings (thin arrow) and a calcified shadow in the vicinity of the right main bronchus (thick arrow).

The authors declare no conflicts of interest.

J Pediatr 2021;231:293-4.

https://doi.org/10.1016/j.jpeds.2020.12.068

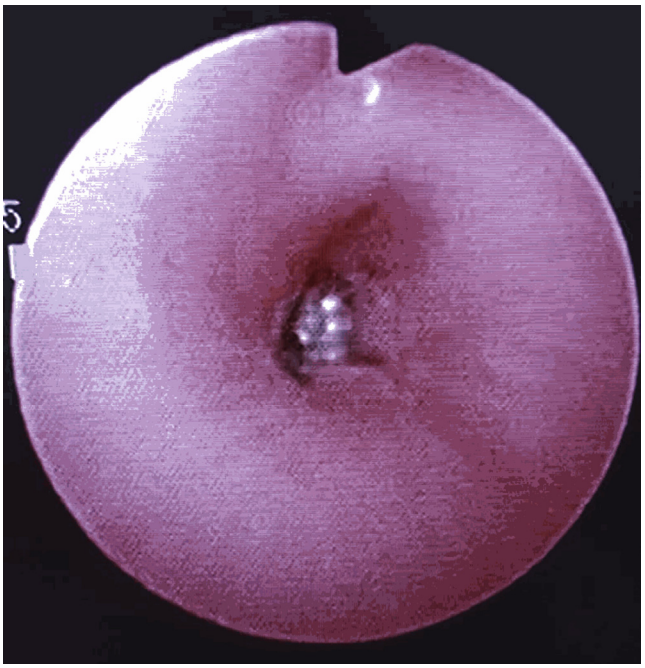

Figure 3. Bronchoscopy image of a tin foil lodged in the right bronchus intermedius.

lung; a repeat chest radiograph demonstrated the calcified nodule, unexpectedly, on the opposite side (**Figure 2**). A flexible bronchoscopy revealed a right bronchus intermedius foreign body composed of tinfoil (**Figure 3**). The foreign body was removed by rigid bronchoscopy, however, during extraction the object slipped and was swallowed by the patient (**Figure 4**).

Solitary calcified lung nodule during early childhood is a rare condition.[1] The differential diagnosis of a solitary calcified lung nodule during early childhood includes infections (tuberculosis, aspergillosis, histoplasmosis), neoplasias (hamartoma, carcinoid, sarcoma), and congenital malformations (vascular, parenchymal).[2-5] Our case highlights the need for including foreign body aspiration in the list of a "calcified nodule," especially in young children with an acute wheezing episode. ■

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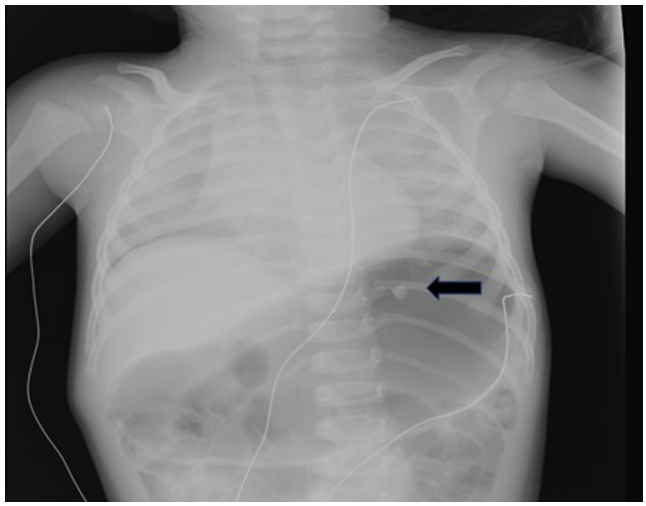

Figure 4. Chest and abdomen radiography showing a radiopaque foreign object in the stomach (*arrow*).

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