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Comparing the effect of reduction in femoral head size by first-generation and second-generation cephalomedullary nailing for the treatment of trochanteric fractures. This study was undertaken to evaluate the outcome of femoral head fracture reduction in patients treated by first-generation and second-generation cephalomedullary nailing with the intent to preserve the femoral head. We performed a comparative retrospective analysis of 18 first-generation cephalomedullary nailing (Group I) and 32 second-generation cephalomedullary nailing (Group II) procedures performed for the treatment of trochanteric fractures with preservation of the femoral head. The patients were reviewed for clinical and radiographic outcome. The mean follow-up period for Group I was 49 months, and for Group II, 70 months. In Group I, 8 (44.4%) patients had avascular necrosis of the femoral head, and 6 (33.3%) patients had developed osteonecrosis of the femoral head. In Group II, 2 (6.25%) patients had avascular necrosis of the femoral head, and no patients had developed osteonecrosis. The patients in Group II had significantly less avascular necrosis of the femoral head compared with the patients in Group I. Second-generation cephalomedullary nails reduce the risk of avascular necrosis of the femoral head in patients undergoing treatment of femoral head fractures.Surgery for foreign body ingestion in a nursing home. After a trauma, food particles, dental work, or other foreign body (FB) can end up in the upper gastrointestinal tract. The management of these cases is usually straightforward, but can be a challenge if the foreign body cannot be readily removed or is in a place where external manipulation is risky. We report a case of an 18-year-old woman with a history of dementia who presented with discomfort at meal times for a duration of 3 weeks with worsening abdominal pain, nausea and vomiting after a fissure bur was used to cut some alfalfa sprouts. During upper endoscopy, a round, white, chalk-like FB was seen in the proximal esophagus, and she was discharged with a plan for follow-up. After 1 week, she presented again complaining of dysphagia, and her relatives were concerned that her discomfort was worsening. Examination revealed the FB to be in the distal esophagus. After a surgical removal 6d1f23a050

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