reviewing the literature cited by Olivier and Stafford, we concur that a dose of 25 to 30 Gy would probably be more appropriate.

Joanna R. Jones, MD
Vege Santhi Swaroop, MD
Mayo Clinic College of Medicine
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Foreign Object Ingestion

To the Editor: That a patient could unknowingly consume an 8-cm-long needle concealed in an apple, as described by Bajwa in the October 2003 issue of the *Mayo Clinic Proceedings*, is doubtful. Despite my best efforts, the largest bite I could take from an ordinary apple measured no more than 6 cm in longest dimension. Managing to bite off a piece of apple that could contain an 8-cm needle, particularly a piece precisely enclosing the hidden object, then swallowing it unnoticed seems highly unlikely. Given that a source Bajwa cited emphasizes that virtually all cases of sharp objects in food are hoaxes (the sociology professor he mentioned was unable to find any evidence of serious injury by adulterated treats despite a literature review spanning 40 years of publications), one has to consider other possibilities first. Unmentioned in Bajwa’s report are whether the patient had a history of mental illness, recent intoxication, or a lawsuit pending against the candied-apple maker, and he simply may have wanted to conceal embarrassing behavior.

Ian Jenkins, MD
Beth Israel Deaconess Medical Center
Boston, Mass

In reply: I disagree that the patient could not have swallowed a needle concealed in a Halloween caramel apple. The apples the patient consumed were much larger than “ordinary” apples and coated with several layers of caramel and chocolate. Indeed, if such candies are made with the intention of adulteration, much can be done with them. In such instances, the needle could be completely covered with hard caramel and be swallowed easily in such form. The patient had no history of mental illness, recent intoxication, or surgical intervention. He mentioned, “All I can remember is eating a lot of caramel apples during Halloween.” In the absence of other evidence, this is the best explanation for the event.

Hammad Ahmed Bajwa, MD
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CORRECTIONS

**Incorrect dose:** In the Residents’ Clinic article by Jones and Swaroop entitled “58-Year-Old Woman With Dry Mouth and Swollen Parotid Glands,” published in the September 2003 issue of the *Mayo Clinic Proceedings* (*Mayo Clin Proc*. 2003;78:1145-1148), an incorrect dose (0.40 Gy) was printed in the ninth line of the right-hand column on page 1147. The sentence should read, “A low dose (25-30 Gy) of radiation is usually administered, and some investigators have advocated bilateral irradiation to prevent the development of MALT lymphoma in the unaffected parotid gland.”

**Incorrect figure:** In the article by Horton and Bunch entitled “Patent Foramen Ovale and Stroke,” published in the January 2004 issue of the *Mayo Clinic Proceedings* (*Mayo Clin Proc*. 2004;79:79-88), an incorrectly labeled figure was printed on page 83. The corrected figure and legend appear below.

![Corrected Figure](image_url)

*Figure 6. Autopsy specimen shows patent foramen ovale with a thrombus (arrow) crossing from the right atrium (RA) into the left atrium (LA). FO = fossa ovalis; IVC = inferior vena cava; PV = pulmonary vein; SVC = superior vena cava. Photographs courtesy of William D. Edwards, MD, and Dylan V. Miller, MD, Department of Laboratory Medicine and Pathology, Mayo Clinic College of Medicine, Rochester, Minn.*