Unusual Case of Foreign Body Ingestion in a Child: A Case Report

Nag SK

ABSTRACT

Foreign body ingestion is a common problem in pediatric age group patients throughout the world. Radiographic findings revealed multiple foreign bodies throughout abdomen. Foreign objects attach frequently at the esophageal anatomic narrowing. They must be taken out immediately because they can cause an obstruction, mucosal erosion or perforation. Endoscopy is the criterion standard for removal of foreign bodies from the esophagus. Here, we report an interesting case of a multiple stones ingested by a female child. The child presented with complaints of distension of abdomen, vomiting and pain all over abdomen. The foreign bodies were found as hard black stones after removing them through anal route.

Keywords: Foreign body, children, hard black stones

Author:

1. Dr. Suresh Kumar Naag

Address for Correspondence:

Dr. Suresh Kumar Nag Baishnavi Hospital Nepalgunj, Banke Email: sureshnag22@gmail.com

INTRODUCTION

Swallowing of foreign body in childhood is frequently seen. Majority of patients are under five years and 70% of them are under three years. 1,2 These children usually complain with a variety of gastrointestinal (GI), respiratory, or nonspecific symptoms including choking, drooling, poor feeding, fever, wheezing, stridor, vomiting, dysphagia, odynophagia, chest, throat or even neck pain.³ Foreign bodies tend to lodge in the points of anatomical narrowing of esophagus.4 Esophageal coins usually lodge in the upper esophageal sphincter/thoracic inlet (60-70%), mid-esophagus at the level of the aortic notch (10-20%), and above the lower esophageal sphincter (20%).5 The most seen foreign bodies in children are coins, small stones. Swallowing coins is rarely seen with complications. Treatment approach differs according to foreign body's shape, size, content, swallowed time and the location.^{6,7} Ingestion of multiple stones is an extremely rare.

CASE PRESENTATION

A girl aged six years old was brought by the parents with complaints of pain and distension all over abdomen and vomiting. The parents stated that she ingested multiple stones 24 hours prior. On examination she was in agony, there was a tachycardia, and was dehydrated. Abdominal radiograph taken in erect and supine views revealed features of intestinal obstruction and multiple stones. She was resuscitated. Enteroclysis enema was given and the stones were removed manually as well as passed spontaneously. Immediately there was relief of pain and distension. The patient was discharged from hospital at the same day without any complications.



Figure 2: X Ray abdomen Figure 3: stones after removal

DISCUSSION

Ingestion of foreign body/bodies is a cause of mortality in children aged 1 - 3 and mortality rate is about 7%. Respiratory tract infection, atelectasia, bronshiectasia and pneumonia are other serious complications of foreign body swallowing. Because of mortality and the morbidity patients who swallow foreign body/bodies must be evaluated urgently.^{1,2} Swallowed foreign bodies can be observed for development of symptoms, as 80% of foreign bodies which reach the stomach spontaneously pass. Only 12% of patients required operation.8 As a clinical finding 22% of foreign bodies attach to lower esophageal segment.9 The foreign bodies are generally coin, pin, toy pieces, circular objects, disc-shaped batteries, amulet, osicles and other small objects like stones.^{5,6}. These foreign bodies attach to beginning of esophagus, where the esophagus crosses the arcus aorta

and crosses main left bronchus and passes the diaphragm. ¹⁰ In an extensive literature search, similar other reports of multiple stone ingestions were not found.

CONCLUSION

Foreign body ingestion is common among children younger than four years old. In our case ingestion of such so many black hard stones might have needed urgent surgery as patient was having symptoms and signs of subacute intestinal obstruction but evacuated without surgery.

REFERENCES

- Lemberg PS, Darrow DH, Holinger LD. Aerodigestive tract foreign bodies in the older child and adolescent. Ann Otol Rhinol Laryngol. 1996;105(4):267-271.
- Guelfguat M, Kaplinskiy V, Reddy SH, DiPoce CJ. Clinical guidelines for imaging and reporting ingested foreign bodies. AJR Am J Roentgenol. 2014;203(1):37-53.
- Chen MK, Beierle EA. Gastrointestinal foreign bodies. Pediatr Ann. 2001;30(12):736-742.
- Kaur A, Singh A, Singal R, Singh M, Gupta S. An unusual foreign body in the cricopharynx; first case report managed endoscopically. J Med Life. 2013;6(1):65-67.
- Kay M, Wyllie R. Pediatric foreign bodies and their management. Curr Gastroenterol Rep. 2005;7(3):212-218.
- Sahn B, Mamula P, Ford CA. Review of Foreign Body Ingestion and Esophageal Food Impaction Management in Adolescents. J Adolesc Health. 2014;55(2):260-266.
- Gu Q, Fan J, Li J, He G. [Clinical analysis of esophageal perforation and neck abscess induced by esophageal foreign body]. Lin Chung Er Bi Yan Hou Tou Jing Wai Ke Za Zhi. 2014;28(7):459-461.
- Selivanov V, Sheldon GF, Cello JP, Crass RA. Management of foreign body ingestion. Ann Surg. 1984;199(2):187-191.
- 9. J afari SA, Khalesi M, Partovi S, Kiani M, Ahanchian H, Kianifar H. Ingested Foreign Bodies Removed by Lexible Endoscopy in Pediatric Patients: A 10- year Retrospective Study. Iran J Otorhinolaryngol. 2014;26(76):175-179.
- Rovin JD, Rodgers BM. Pediatric foreign body aspiration. Pediatr Rev. 2000;21(3):86-90.