

# Foreign Body Ingestion



The most common sites where FB lodge in the esophagus:

- The thoracic inlet (60-80%)
- Gastroesophageal junction (10-20%)
- The level of the aortic arch (5-20%)



- Assess & stabilize ventilation and oxygenation using BLS guidelines as necessary.
- If the patient has developed signs of upper airway obstruction; keep them upright, calm & avoid agitating them.
- Keep patient NPO.
- Early consultation is key especially when removal is indicated.
- Not all ingestions are witnessed, so tread lightly!

Known or suspected foreign body ingestion?

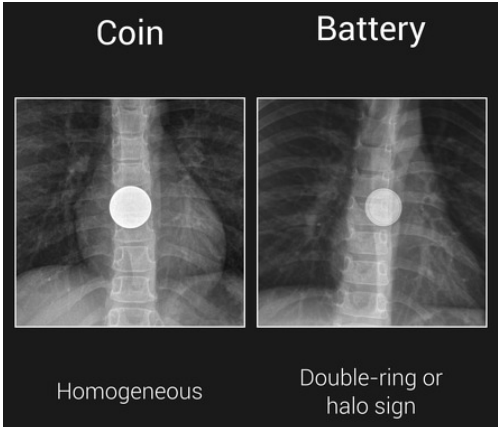
STEP 1

X-RAYS AP + Lat  
(neck + chest + abdomen)

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Where is the FB?

FOREIGN BODY IN ESOPHAGUS ?	
Observe 24	Remove
If the object is round + non-sharp!	<ol style="list-style-type: none"><li>1. Symptomatic</li><li>2. Button battery</li><li>3. Multiple magnets</li><li>4. Objects that are: Sharp, Long (&gt;6 cm), Large (&gt; 2.5 cm).</li></ol>
<ul style="list-style-type: none"><li>◦ Emergent removal (in &lt; 2 hrs) for symptomatic patients + cases of BB ingestion</li><li>◦ Urgent removal ( in 24 hrs) for the other conditions including asymptomatic patients with round objects</li><li>◦ The use of glucagon is still controversial. Studies have found equivocal results &amp; not recommended except in cases of distal esophageal coins when endoscopy is not readily available</li></ul>	



FOREIGN BODY IN STOMACH OR LOWER GI TRACT ?	
Observe	Remove
<ol style="list-style-type: none"><li>1. Asymptomatic</li><li>2. Single magnet</li><li>3. Single button battery if either: Battery &lt; 20 mm OR Patient ≥ 5 years old</li></ol>	<ol style="list-style-type: none"><li>1. Symptomatic</li><li>2. Multiple magnets/button batteries</li><li>3. Single button battery when patients: &lt;5 years old AND battery ≥ 20 mm</li><li>4. Magnet co-ingestion with battery</li><li>5. Objects that are: Sharp, Long (&gt;6 cm), Large (&gt; 2.5 cm)</li></ol>

- For large, long, & sharp objects in asymptomatic patients >> serial of abdominal x rays every 2-3 days
- Round objects like coins >> follow up x-rays in 2 weeks if not passed in stool
- BB ≥ 20 mm AND patient < 5 years: assessment for esophageal injury + endoscopic removal within 24-48 hrs.
- BB < 20 mm OR patient > 5 years: parents should be advised to inspect the stool and repeat x-ray in 10-14 days for < 20 mm batteries and in 2 days for ≥ 20 mm batteries in the asymptomatic patient ≥ 5 years of age

NO FOREIGN BODY ON X-RAYS ?
Consider endoscopy if patient is symptomatic to evaluate for nonradiopaque FB

