

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?

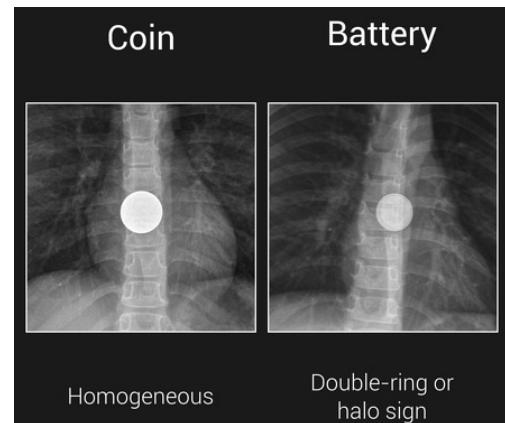
STEP 1

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



Where is the FB?

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



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



- 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 \geq 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 \geq 20 mm batteries in the asymptomatic patient \geq 5 years of age

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



Dr Amal Bakhshwain



Source: Fleisher & Ludwig's Textbook of Pediatric Emergency Medicine 8th Edition
Management of Ingested FB in Children: NASPGHAN
X rays Pictures: Radiopaedia.org