

Removing Foreign Body Swallowing in a Child with a Simple Method: A Case Report

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ABSTRACT

Oral foreign body intake is an important and widespread public health problem in the pediatric age group. Emergency diagnosis and treatment is necessary because foreign bodies in the gastrointestinal tract can lead to life-threatening complications. Rigid esophagoscopy is still the standard and most reliable method. The patient swallowing a coin after playing at home, the patient was admitted to our clinic, and the patient's radiography was taken after a physical examination. We presented a patient who was removed coin swallowed with silicone Foley catheter which was a simple method.

Key words: Coin, foreign body, silicone foley catheter

INTRODUCTION

Oral intake of foreign bodies is an important and widespread public health problem in the pediatric age group. It can be seen at all ages, is more common in young children who tend to recognize by taking the surrounding objects to their mouths. Foreign bodies may be a serious cause of morbidity and mortality by escaping into the respiratory tract or gastrointestinal tract. Foreign bodies entering the mouth may be a serious cause of morbidity and mortality by escaping into the respiratory tract or gastrointestinal tract. Therefore, it should be treated as an emergency.^[1-3] In the treatment, the location, shape, size of the foreign body, and time after entering the mouth are important.^[4] The upper, middle, and lower stenosis of the esophagus, the pylorus, and the ileocecal valve are the gastrointestinal tract regions where foreign bodies are most frequently inserted.^[1] The patient swallowing a coin after playing at home, the patient was admitted to our clinic, and the patient's radiography was taken after a physical examination. We presented a patient who was removed coin swallowed with silicone Foley catheter which was a simple method.

CASE REPORT

A 9-year-old male patient was admitted to the pediatric emergency department with a complaint of swallowing a

coin. He had complaints about coughing and abundant saliva from the mouth many times after swallowing a coin. In the examination, bilateral breath sounds were natural, blood pressure was 132/80 mmHg, pulse was 120/min, saturation was 100%, and other system examinations were normal. The patient's lung and cervical X-ray revealed a view consistent with the foreign body [Figure 1]. The patient was monitored and emergency intervention conditions were obtained with the pediatric surgery physician. The patient was placed on his right side and 14 FR silicone Foley catheters were inserted orally. Then, the cuff of the catheter was inflated, withdrawn quickly and the money was removed. His vital signs were stable. The patient's throat was irritated, therefore, was said to be fed with soft and liquid foods. To prevent foreign body aspiration, preventive measures were described and discharged.

DISCUSSION

In the pediatric age group, emergency diagnosis and treatment is necessary when oral intake of foreign bodies is encountered, because foreign bodies in the respiratory tract and gastrointestinal tract may lead to life-threatening complications.^[5]

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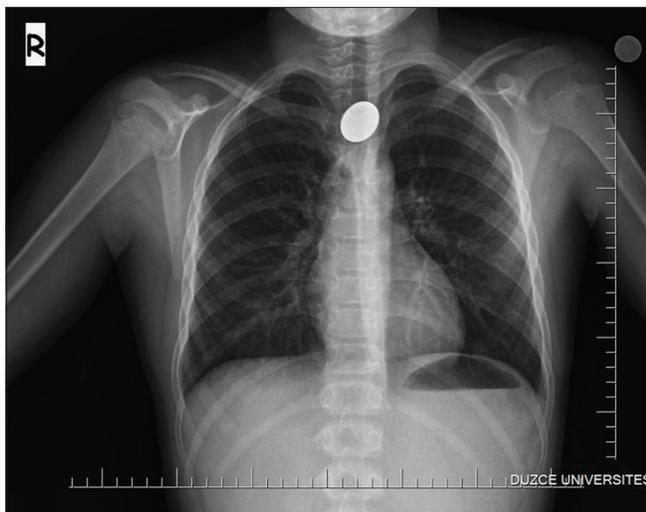


Figure 1: X-ray of our patient who swallowed a coin

Plastic parts of toys and coins are the most commonly swallowed objects.^[4] In a study, 85.5% of foreign bodies were metal. The most frequently extracted foreign body was the currency.^[6] In our case, there was a coin swallowing.

Children may present with early or late period complications after foreign body aspiration. Complaints of onset of the cases differ between early and late period. While the most common complaints in the early period are cough and wheezing, there are also cases of cardiopulmonary arrest. In general, late-onset patients may present with recurrent pulmonary infection and clinical findings such as bronchial asthma.^[4] Our case presented after oral ingestion of the coin was noticed with coughing and plenty of saliva in the early period.

Coins can after be taken into the mouth and can stomach by itself within a few hours. Therefore, a portion of children who swallow coin when they apply to the hospital can be found that the coin is in the stomach. Except for the appendix, the narrowest part of the gastrointestinal tract is esophagus. Therefore, most of the ingested foreign bodies remain in the esophagus. Foreign bodies in the esophagus should be removed quickly to relieve the patient and prevent possible complications. Rigid esophagoscopy is still the standard and most reliable method, although different methods have been proposed for the removal of foreign bodies in the esophagus.^[4] In our case, foreign body was removed by Foley catheter extraction method when the foreign body was seen in the esophagus in direct X-ray.

In a study, 82.4% of the foreign bodies were removed endoscopically, 2.7% was pushed into the stomach, 12.1% was removed by defecation, and 2.7% were taken as surgery.^[6]

In cases, where the operating room conditions cannot be achieved, and aspiration and respiratory distress should be treated quickly, the patient can be monitored with pediatric surgery and after the respiratory support is provided, foreign body can be removed easily using Foley catheter orally.

CONCLUSION

In our case, due to respiratory distress could be increased, foreign body was removed by simple method such as Foley catheter extraction method after emergency intervention conditions were achieved. Complications such as esophageal perforation due to this method, esophagitis and respiratory distress may develop. Removal of a foreign body with Foley catheter is quick and simple, but it is necessary to remove it in the presence of a pediatric surgeon for possible complications.

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