

Follow-up and Treatment Management of Foreign Body Ingestion in a Child Patient: A Case Report

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ABSTRACT

Oral foreign body ingestion is an important health problem in childhood. It is more common in children between 6 months and 5 years who tend to recognize the objects around them. A 14-month-old male patient was admitted to the Emergency Department of Erciş State Hospital with a complaint of swallowing iron evil eye bead and vomiting. Although the parents were anxious and insisted on endoscopy and similar invasive procedures, a reexamination was recommended on the 10th day. On the 9th day of follow-up, the foreign body was seen in the stool. Fecal follow-up should be performed in patients with good general condition and should be waited between 2 and 6 weeks, according to the literature. As in our case, parents can be anxious, so process management is important.

Key words: Anxious parent, child patient, foreign body ingestion

INTRODUCTION

Oral foreign body ingestion is an important health problem in childhood. It is more common in children between 6 months and 5 years who tend to recognize the objects around them. Although it varies according to societies, the most commonly ingested foreign bodies in children are money, toys, magnets, and batteries. Most of the ingested objects leave the gastrointestinal tract with feces without any obstructions. Trapped bodies in the gastrointestinal tract are usually found in the cricoid cartilage level in the esophagus, the aortic arch and esophagogastric junction, pylorus, Treitz ligament, and ileocecal ring. About 28–68% of the foreign bodies were found in the esophagus.^[1-3] In this case report, a 14-month-old male patient who presented to the Emergency Department of Erciş State Hospital with swallowing of iron evil eye bead and vomiting presented was explained, and the follow-up and treatment process was shared.

CASE REPORT

A 14-month-old male patient was admitted to the Emergency Department of Erciş State Hospital with a complaint of

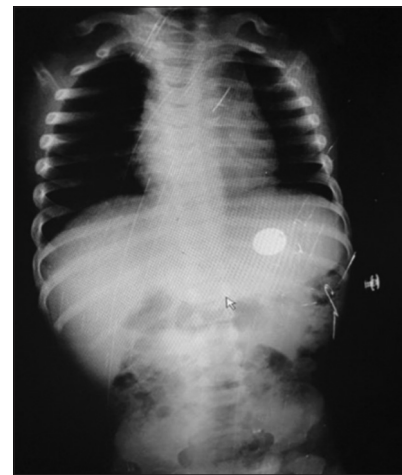


Figure 1: Abdominal X-ray taken on the 1st day

swallowing iron evil eye bead and vomiting. The patient's general condition was good, conscious, active, mobile, and breathing, and systemic examinations were normal. The abdominal X-ray of the patient showed that the foreign body [Figure 1] was in the stomach. I was told that stool monitoring should be done for a week. A week later, he was called to the outpatient clinic for a checkup. Parents

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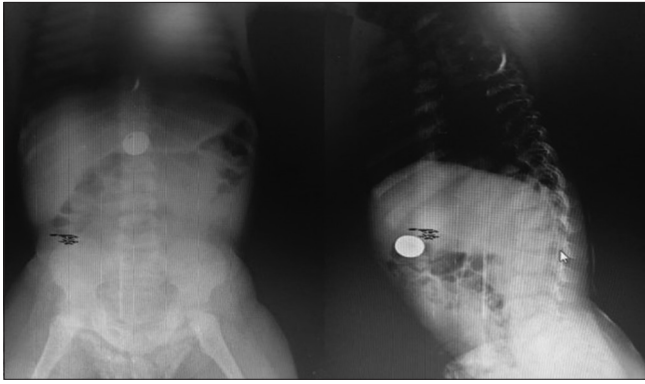


Figure 2: First abdominal X-ray taken during the 1st week

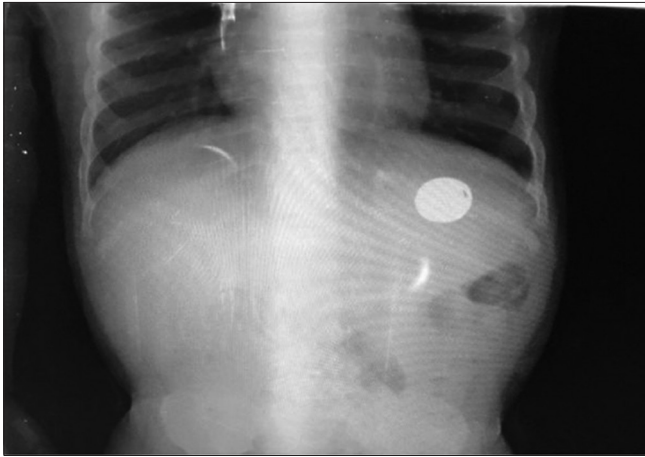


Figure 3: Second abdominal X-ray taken during the 1st week

were worried, so they had two more abdominal X-ray in another hospital. It was observed that the foreign body was in the same place on the radiographs [Figures 2 and 3]. On the 7th day, her general condition was good and systemic examinations were normal. Although the parents were anxious and insisted on endoscopy and similar invasive procedures, a reexamination was recommended on the 10th day. On the 9th day of follow-up, the foreign body was seen in the stool.

DISCUSSION AND CONCLUSION

Foreign bodies were taken by mouth escape to the respiratory tract and digestive system, causing serious morbidity and mortality. Therefore, they should be evaluated urgently. An endoscopic method is used 10–20%, surgical intervention is required in <1%. Foreign bodies detected in the esophagus should be removed rapidly by rigid esophagoscopy and Foley balloon extraction to prevent possible complications. The foreign bodies in the stomach and intestines usually come out through feces. Invasive procedures can be performed when perforation and possible complications develop.^[1-5] Fecal follow-up should be performed in patients with good general condition and should be waited between 2 and 6 weeks, according to the literature. As in our case, parents can be anxious, so process management is important.

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