

Foreign body (FB) ingestions

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PEDIATRIC SURGEON

Foreign body (FB) ingestions

- The vast majority of ingestions in children are accidental.
- 80%–90% of FBs in the gastrointestinal (GI) tract are passed spontaneously without complications.

The common sites of FB impaction

- 1-The esophagus is the narrowest portion of the alimentary tract and is thus a common site for FB impaction.
- 2-Pylorus.
- 3-C shape of duodenum.
- 4-Iliocecal valve.

- Coins are the most commonly ingested FB in children.
- Fish bones comprise the most common food-related FB ingested by children.
- The vast majority of ingestions occur in the six months to three years age.

- Battery FB in the esophagus need urgent intervention, while it confirmed distal to the esophagus mostly need observation.

- Esophageal batteries lead to tissue injury through:
 - 1- Pressure necrosis,
 - 2-Release of a low voltage electric current,
 - 3- Leakage of an alkali solution, which causes a liquefaction necrosis.

- Large foreign bodies(>6 cm in length) are unlikely to pass through the duodenum and the ileocecal valve.
- Sharp or pointed foreign bodies(such as safety pins, nails, hair-pins, screws) sharp or pointed FBs can cause perforation in 15%–35% of patients.

MANAGEMENT

- History-taking and physical examination are the basic components of an initial assessment.
- Useful aspects of the history-taking include symptoms, type of foreign body, timing of presentation, and associated conditions.

- FB ingestions usually present after a witnessed event or disappearance of an object. Also, there may be suspicion for an ingestion based on the child's description.
- The initial presentation can vary from the child being completely asymptomatic to a variety of symptoms

- The majority of FBs that pass into the stomach will usually pass through the remainder of the gastrointestinal tract.
- Symptoms of FB impaction are nonspecific and include drooling, poor feeding, neck and throat pain, vomiting, or wheezing.

- Radiopaque objects can be detected on the anteroposterior (AP) and lateral radiographs , while radiolucent objects may require a gastrografin UGIT contrast study or esophagoscopy .

- A bezoar is a tight collection of undigested material that may often present as a gastric outlet or intestinal obstruction.
- The diagnosis may be confirmed on plain radiographs, upper gastrointestinal contrast studies, or endoscopy.
- Medical management, endoscopic removal ,or operation is necessary.

- Phytobezoars are made up of undigested vegetable matter.
- Trichobezoars are made up of swallowed hair.
- A lacto-bezoar is an aggregation of undigested milk.



May lead to intestinal obstruction







Indication of form body removal

- 1- Any esophageal F.B.
- 2- GIT foreign bodies with complication.
- 3-Magnets (esophagus or stomach, multiple magnets may appear to be attached at a single point)
- 4-Bezoars.

THANK YOU