

Health Hazards during Battery Injection

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ABOUT THE STUDY

Foreign body ingestion is a frequent problem between six months and three years old. Battery ingestion can cause serious health hazards rapidly.

CASE DESCRIPTION

A previously healthy nineteen-month-old boy presented to the emergency department with three days of vomiting, abdominal pain and prostration and one day of fever. Laboratory tests: elevated inflammatory parameters. Radiograph: round, double ring, radiopaque foreign body, without ectopic air, around T4-T5, suspicious for battery. The battery was endoscopically removed. After three months of follow up, the child is thriving well (Figure 1).

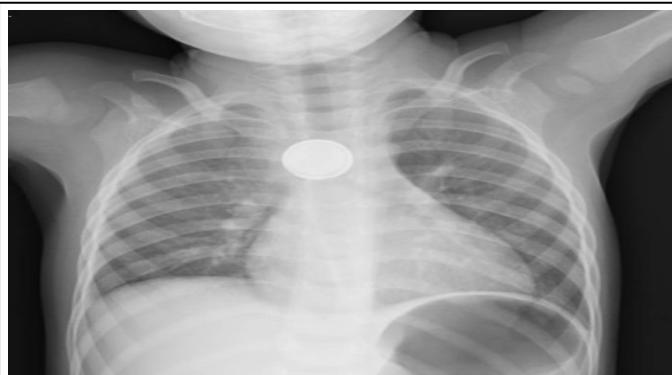


Figure 1: Diagnosis of foreign body injection.

DISCUSSION

Most caretakers provide history of foreign body ingestion, but not in this case. Abdominal pain should raise suspicion, although usually patients are asymptomatic or present nonspecific symptoms (chest pain, cough, anorexia, vomiting, diarrhea, fever). Coins are the most common foreign body ingested and usually are not an emergency. Otherwise, battery ingestion requires early diagnosis and urgent removal to prevent complications. The radiograph should be carefully examined to distinguish between a coin and battery – double ring / halo indicates a battery. Possible complications of a battery stuck in the esophagus are mucosal burns, perforations, stricture, vocal cord paralysis, tracheoesophageal fistula, hemorrhage and death. Damage can be induced in only 1 hour, involving all esophageal layers in just 4 hours.

CONCLUSION

In this case the ingestion was not observed and symptoms had 72 hours evolution. It shows the importance of differential diagnosis of foreign body ingestion in this age group and supports the severity of ingestion of this type of material.

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