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Open safety pin ingestion in a 13-month-old-boy: It can be spontaneously eliminated or not?

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Foreign body ingestion is a common problem in childhood. Most children who have swallowed a foreign body do not require specialized care, since many of the foreign bodies pass through the gastrointestinal tract spontaneously without any intervention. Although mortality or morbidity due to the foreign body is rare, someone of the sharp objects can cause serious problems. The sharps objects such as needles, open safety pins, toothpicks, screws, nails, tacks may cause obstruction, perforation, abscess, peritonitis, fistula formation, appendicitis, penetration, incarcerated umbilical hernia, aorto-esophageal fistula and also hemopericardium. Sharp object ingestion rates are different; it is between 11% - 13% in Europe and Asia. Type of ingested objects depends on country and cultural factors. For example blue bead ingestions are most frequently encountered in Turkey, which is attached to a safety pin for religious or cultural beliefs. Open safety pin ingestions are common also, since the blue beads are attached with safety pins. When the safety pins are unfastened, they can be swallowed easily and can stick at any location in gastrointestinal tract, especially in the narrowest parts. If the sharp object is in the esophagus, removal is mandatory. But once they are beyond the esophagus, most sharp objects pass without any complication and there is no need to intervention. In this case report, we present a 13-month-old-boy, ingested open safety pin.

Case: A 13-month-old-boy was admitted to our pediatric emergency department with a history of safety pin ingestion. The family found the blue bead in his bed. It was attached to the child's clothes with a safety pin. They couldn't find the safety pin and thought it was ingested. The boy was taken to a private hospital and an abdominal X-ray was obtained. The open safety pin was seen in pylorus and he was referred to a university hospital. When he arrived to our pediatric emergency department, an abdominal X-ray was taken and consulted to the pediatric gastroenterology. The open safety pin was in the first part of duodenum. Pediatric gastroenterologist decided to hospitalize the patient to follow up closely and observe him with nothing by mouth (NPO). After twenty hours, a control X-ray was taken; the open safety pin was seen in the ascending colon. The child was discharged from hospital, and an education was given to family to watch his stool closely, also parents warned about the symptoms. The day after, we called the family and learned that open safety pin was eliminated spontaneously from stool.

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Integrating pediatric primary care and child/family mental health: Is there room for a play therapist?

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We know physical health impacts mental health and mental health impacts physical health. Yet, the health care system has historically treated mental and physical health separately. You may experience this when you visit a primary care provider with your child and then are sent elsewhere for mental health care. This fragmentation is often costly, frustrating and does not lead to the best outcomes for families. When it comes to the health and well-being of a child, it is important to understand that mental health is part of overall health. A healthy child is one with a healthy body and a healthy mind. You cannot have one without the other. Addressing the whole person by integrating care is one way to begin to address the fragmentation that often exists in our health care system. Integrated care is designed to treat mental health conditions like any other health conditions that children experience. Learn how primary care providers can meet the needs of children with mental health concerns in the pediatric care setting. This seminar will focus on steps, benefits and limitations of practicing from an integrated model.

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