



Is the Conservative Approach Effective to Manage Foreign Body Ingestion with Digestive Tract Anomaly Children

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Abstract

The phenomenon of Foreign Ingestion (FB) is considered as a commonplace state of affairs in kids and numerous management strategies are endorsed. This study assessed the efficient clinical consequences of a non-invasive interventional method for doing away with FB in a gastrointestinal tract abnormality young boy. The goal of this paper is to provide perception into the non-invasive therapeutic interventional approach to managing FB ingestion among children.

Keywords: Foreign body ingestion; Children; Endoscopy; Digestive tract anomaly guidelines

Introduction

The FB indigestion is a significant problem that causes morbidity and mortality in childhood children who are very keen to explore the environment by keeping the object in their mouths after the age of six months. Unfortunately, a number of these tiny objectives can be unintentionally swallowed and eventually this has resulted in increasing parental anxiety [1]. The gender distribution of FB ingestion is showed slightly male predominance between boys and girls as well as the higher number of incidents is noted in the age range from 6 months to 3 years [2]. The majority of swallowed FBs are eliminated naturally through the Gastrointestinal Tract (GI) without causing any clinical complications although endoscopic and surgical approaches are required only in a few cases [3].

A recent research study found that 91.6% of FB ingestions were passed spontaneously while only 8.3% of cases required endoscopy removal [4]. Another study revealed that 80% to 90% of particles were passed naturally through the GI tract without causing any complications while 10% to 20% were removed by endoscopic procedures and there was only 1% required open surgery [5]. In some ingested foreign body incidents, it cannot easily move through the part of GI tract like pylorus, stomach, duodenum and ileocecal valve [6]. This may become a complication in the case of GI tract abnormality [7]. Most of the time FB ingestion are transiently discomfort and after become symptomless or can be presented with mild irritation, even rarely causing life-threatening problem [8]. There are some factors influence the necessity of emergency removal of FBs including the type, shape, size and site [9]. The primary aim of this study was to assess the effectiveness of non-invasive management of FB ingestion in a GI tract abnormally. This will help to provide the clue for treating clinicians to manage the FBs ingestion in children.

Case Presentation

An 8 years old boy was transferred from a peripheral hospital to a tertiary clinical center after 3 days of accidental ingestion of metal coin. The plain radiological image was taken at the peripheral hospital immediately after the admission. These children had undergone pyloromyotomy for infantile hypotrophic pyloric stenosis surgery when he was 2 years although the patient clinically had no complaints. There was no evidence of FB elimination spontaneously even after 5 days of the ingestion thus the patient transferred to the tertiary care center to further management. After the transferring also the X-ray was taken and it showed that the metal coin located at the same position; pyloric antrum (Figure 1a). While was planning for the upper gastrointestinal endoscopy due to delay of spontaneous elimination and the past surgical history of GI tract abnormality, our earlier study non-invasive protocol was applied [4]. The X-ray was repeated at the 6th and it revealed that

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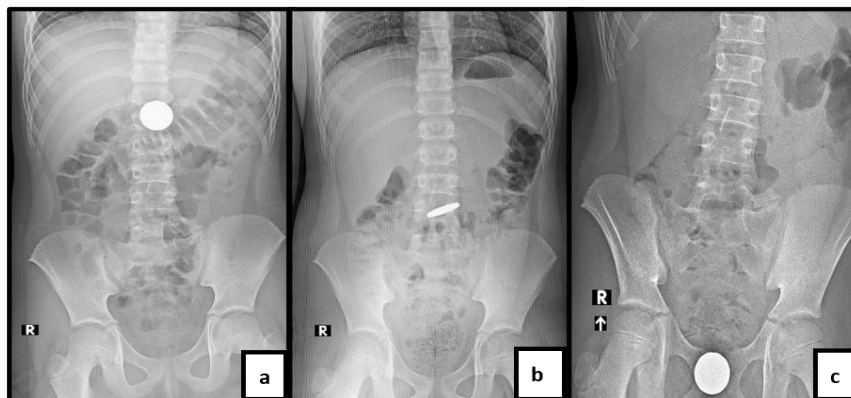


Figure 1: (a) X-ray 1st and 3rd day (b) day 6th (c) day 7th repeated X-ray.



Figure 2: Ingested coin eliminated after day 8th of swallowing.

the coin was moved significantly (Figure 1b). Therefore, the protocol was followed continuously while monitoring the movement of the coin by repeating the plain radiological image. At the day of 7th, the coin reached the distal part of GI tract (Figure 1c) and the coin was eliminated with the stools within two days after applying the non-invasive therapeutics intervention (Figure 2).

Discussion

The FB ingestion is one of the most frequent complaints of pediatric presenting to the pediatric clinical practice. In our previous study, most events occurred in children age ranging from 1 to 3 years whereas the mean age was 5.18 ± 3.1 years and the median was 5 years. This study participant's gender distribution between boys and girls was 3:2. These similar findings are consistent with other gender distribution reports related to FB ingestion a research study showed slightly male predominance [5]. It is largely acknowledged that the high prevalence of FB ingestion is identified in children because of their exploratory habits despite involving the gender difference between males and females [10]. However, our previous study claimed that it is likely that 62.9% of incidents were reported in the presence of adults despite the aloneness (55.8%). Almost, 88.8% of FB ingestions cases were related to spontaneously passed with a stool and only 2.78% with vomiting but it was also found 8.3% of cases expressed endoscopy removal although most of cases (92.1%) were discharged within a day of the hospitalization [4]. Another study revealed that 80% to 90% of particle were passed naturally through the GI tract without causing any complications while 10% to 20% were removed by endoscopic procedures and there was only 1% required open surgery [11]. Because in some ingested phenomenon foreign

body cannot easily move through the part of GI tract like pylorus, stomach, duodenum and ileocecal valve [8]. This may become a complication in the cases of GI tract abnormality [12]. The common type of swallowed FBs is radiopaque including coins, screws, tiny magnets, safety pins, nails, plastic buttons and button batteries though the radiolucent object like food particle impaction is to be considered in the ingested management [13]. Most of the time FB ingestion are transiently discomfort and later become symptomless or can be presented with mild irritation, even rarely causing life-threatening problem [14]. There are some factors that influence the necessity of emergency removal of FBs including the type, shape, size and site [15]. FB ingestion is a potentially serious problem that peaks at a younger age. There are a number of studies conducted the management of this pathology relatively depends on the patient's age, developmental stage of children, the type of the ingested objects, and the clinical presentations [4] though our previous study findings postulated that the majority of FB ingestions can be passed spontaneously without causing clinical complications after applying the non-invasive therapeutic approach despite considering other factors such as age, gender, and type of FBs.

Conclusion

This case study provides the effectiveness of non-invasive management of FB ingestion in a GI tract abnormally. This will help to provide the clue for treating clinicians to manage the FBs ingestion in children.

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