



IMAGES IN EMERGENCY MEDICINE

Pediatrics



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Child After Unidentified Ingestion

Kyler C. Osborne MD¹ , Katey D. Osborne MD^{1,2}, Paul C. Schunk MD^{1,2}¹Department of Emergency Medicine, Madigan Army Medical Center, Joint Base Lewis-McChord, Washington, USA²Department of Military and Emergency Medicine, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

Correspondence

Kyler C. Osborne, MD, Department of Emergency Medicine, Madigan Army Medical Center, Madigan Army Medical Center, 9040A Jackson Ave, Joint Base Lewis-McChord, WA 98431, USA. Email: kylerosborne7@gmail.com

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1 CASE PRESENTATION

A 23-month-old male was noted by his mother to have possibly swallowed an inedible object from a cup on the counter at home. He was driven to the emergency department (ED), where he was asymptomatic and eating cheese crackers. On examination, he had normal vital signs, was in no distress, and had a clear oropharynx without drooling or stridor. Cardiopulmonary and gastrointestinal examinations were unremarkable. A baby-gram and subsequent lateral abdominal radiographs were obtained (Figs 1 and 2).

2 DIAGNOSIS: BULLET INGESTION

Foreign body ingestion is a common ED chief complaint in children <5 years, with nearly 80% to 90% of ingestions passing spontaneously without complications.¹ Objects requiring emergent (<2 hours) or urgent (<24 hours) removal include button batteries, magnets, sharp objects, esophageal impaction, superabsorbent materials, and have a diameter > 25 mm or length > 6 cm.² Notably, pediatric patients absorb nearly 5

times more lead from the gastrointestinal tract compared with adults and are at an increased risk for lead toxicity. Therefore, bullets, pellets, and other lead-containing objects require immediate evaluation and removal.³

The patient's father had returned from the shooting range and had left several 9 mm, jagged hollow-point bullets in a cup on the counter. In the ED, pediatric gastroenterology was consulted. Given the object's size, location above the pylorus, inability to pass through the duodenal sweep, and lead-containing with concern for potential toxicity, urgent removal was recommended. The patient was taken to the operating room for procedural sedation with successful removal of the foreign body via esophagogastroduodenoscopy.

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None.

CONFLICT OF INTEREST

All authors have affirmed they have no conflicts of interest to declare.



FIGURE 1. A babygram radiograph identified a 3.0 cm radiopaque foreign body in the shape of a bullet seen in the region of the distal stomach, likely proximal to the pylorus.

DISCLAIMER

The view(s) expressed herein are those of the author(s) and do not reflect the official policy or position of Madigan Army Medical Center, the US Army Medical Department, the US Army Office of the Surgeon General, the Department of the Army, Uniformed Services University of the Health Sciences, Department of Defense or the US Government.

ORCID

Kyler C. Osborne MD  <https://orcid.org/0000-0002-8911-018X>

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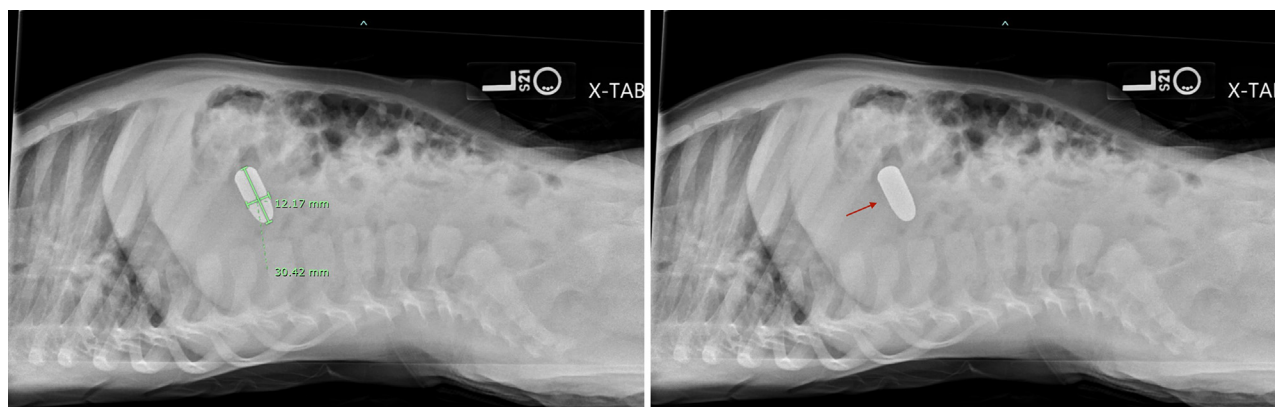


FIGURE 2. A subsequent lateral cross-table abdominal radiograph identified a radiopaque foreign body measuring 1.2 cm × 3.0 cm without evidence of pneumatosis, portal venous gas, or pneumoperitoneum.