

## UNUSUAL FOREIGN BODY IN STOMACH

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### Abstract

A 3-year-old child presented to the emergency department with acute onset of incessant cry. On detailed evaluation with point of care ultrasound, a foreign body, lollipop stick was found inside stomach. This rare case stresses on the importance of point of care ultrasound in emergency department.

**Keywords:** Point of Care Ultrasound, Foreign Body.

### INTRODUCTION

Accidental foreign body ingestion is an emergency. Pediatric population is the most commonly affected. The majority occur with peak incidence between 6 months and 6 years. [1] Usually it remain unnoticed and the child passes spontaneously in the stools. Point of care ultrasound is widely used in emergency for diagnosis of several conditions though its use in detection of ingested foreign body is less. We report a similar case of detecting an ingested foreign body by point of care ultrasound.

### CASE

A 3 year old boy was brought to the emergency department with history of incessant cry since 2 hours. He was apparently healthy, no prior illnesses .There was no history of fever, loose stools, abdominal pain, vomiting. On examination, heart rate was 130 beats per minute, capillary refill time of less than 3 seconds, blood pressure of 90/60mm of Hg, respiratory rate of 22 per minute, random blood sugar was 121mg/dl and temperature was 98.6°F. Abdominal examination was within normal limit.

Radiograph of chest and abdomen was normal.

On routine point of care ultrasound examination, a linear symmetrical long hyper echogenic object was visualized in the lumen of the stomach at subxiphoid view (Image A). On further history, the mother told that the child was given a lollipop 3 hours back. It was confirmed that there was a foreign body, morphology similar to lollipop stick, inside stomach. The child was kept under observation in emergency for 6 hours and later discharged. Further, parents were counselled about the treatment plan and danger signs, daily examination of stools to look for the foreign body and advised to follow up in emergency.

On follow up on day 3 after the discharge, the child reported well and the parents noted that he has passed the object in his stool uneventfully.



**Image A**

## **DISCUSSION**

Point of care ultrasound (POCUS) is an important adjunct in managing patients in emergency department [1]. While most of the foreign bodies can be passed naturally through the gastrointestinal tract asymptotically, objects impacted within the oesophagus usually cause symptoms. The most common ingested foreign body being coins, accounting for as many as sixty percent [2]. The child may initially be asymptomatic. Usually unwitnessed incidents will cause delay in diagnosis and treatment. Forty percent of cases of foreign body ingestion may be unwitnessed and half of those patients do not present with any symptoms[3] Objects that are in the esophagus, those that have been present in the stomach for more than 2 to 4 weeks, sharp objects, button batteries, and objects that are greater than 4–5 cm in length or 2–2.5 cm in width must be removed as soon as possible, since they may not be able to pass through the pylorus if they are too wide and may not be able to travel through the loops in the duodenum if their length exceeds 6 cm[3].

## **CONCLUSION**

Point of care ultrasound can be used as a tool for diagnosis of foreign body .Any child with incessant cry, foreign body ingestion/inhalation has to be kept in mind as a probable differential diagnosis, in the emergency department. POCUS should be recognized as an important adjunct to the diagnostic pathway of children with suspected foreign body ingestion. It can narrow the differential diagnosis, guide further confirmatory investigations and reduce cognitive burden [4].

### References

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