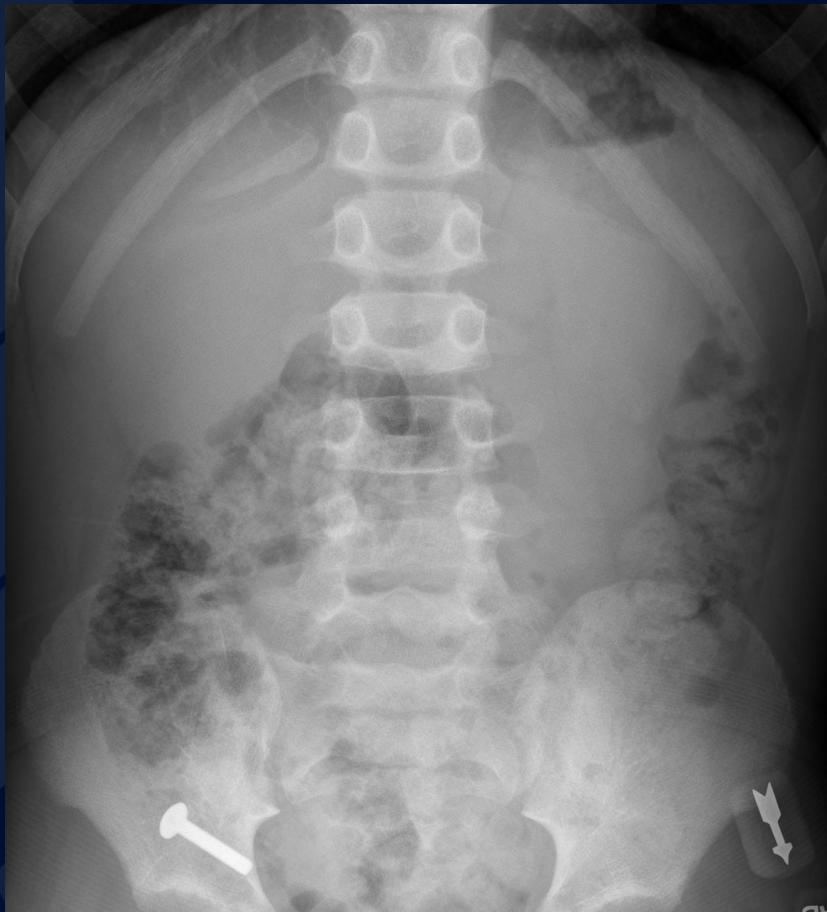


12 year old with abdominal pain

Allan Zhang DO
Michael Baldwin, MD



At 8am



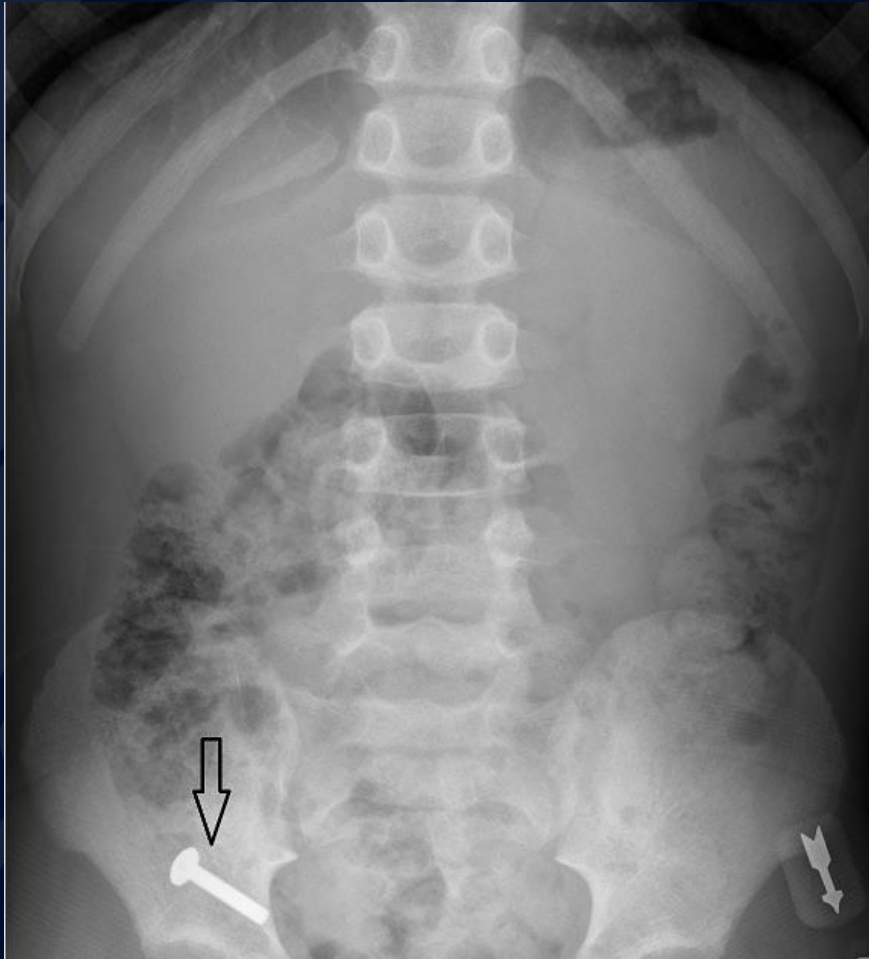
At 4pm

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

?

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off, with a wavy, lobed edge.

Foreign Body Ingestion



- Ingested metallic screw in the expected region of the cecum
- No associated mechanical bowel obstruction or free air
- Passed foreign body on subsequent imaging

Foreign Body Ingestion

Clinical Presentation:

Greater than 85% of ingested foreign bodies occur in the pediatric population

Often asymptomatic

Symptoms will vary depending on the ingested foreign body

Coins most common

Imaging:

AP Chest and Abdominal Radiographs

Depending on foreign body, approximately 65% are radiodense

Treatment

Most foreign bodies make it into the stomach and small bowel and eventually pass without any complications

- Esophageal foreign bodies may need urgent endoscopic removal
- Disc Batteries impacted in the esophagus carry a high risk of corrosive esophageal injury and perforation, require endoscopic intervention
- Multiple ingested magnets can become affixed to one another across the walls of multiple bowel loops and can cause bowel perforation and fistula formation

References

Review of Ingested and Aspirated Foreign Bodies in Children and Their Clinical Significance for Radiologists. Pugmire BS et al. Radiographics 2015; 35:1528-1538.