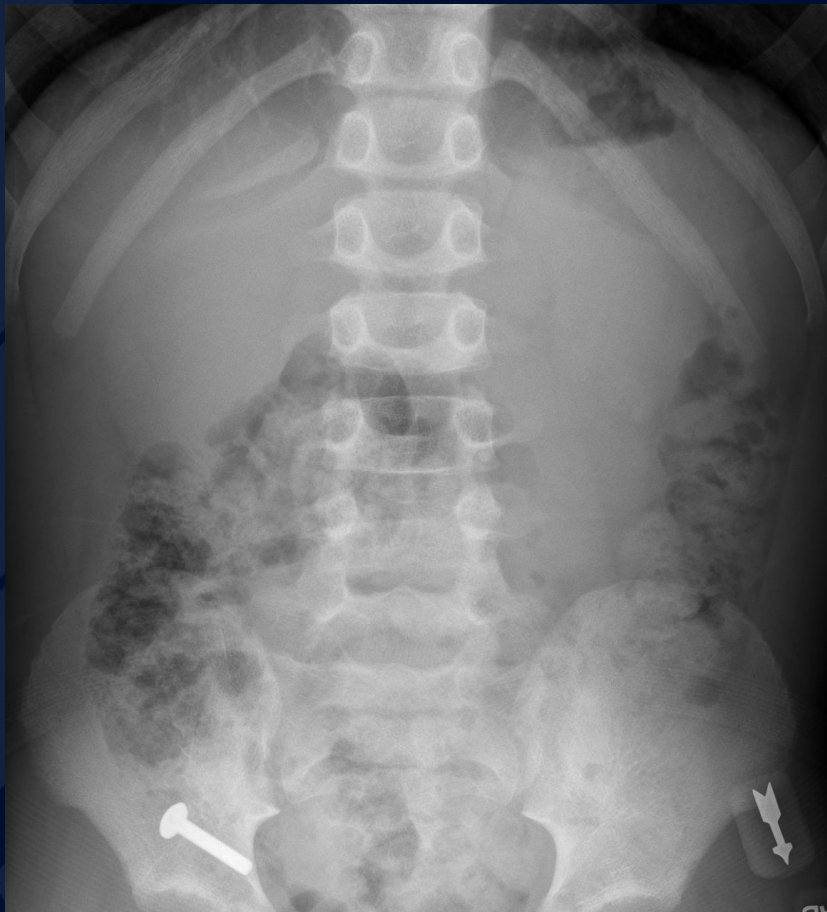


# 12 year old with abdominal pain

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At 8am



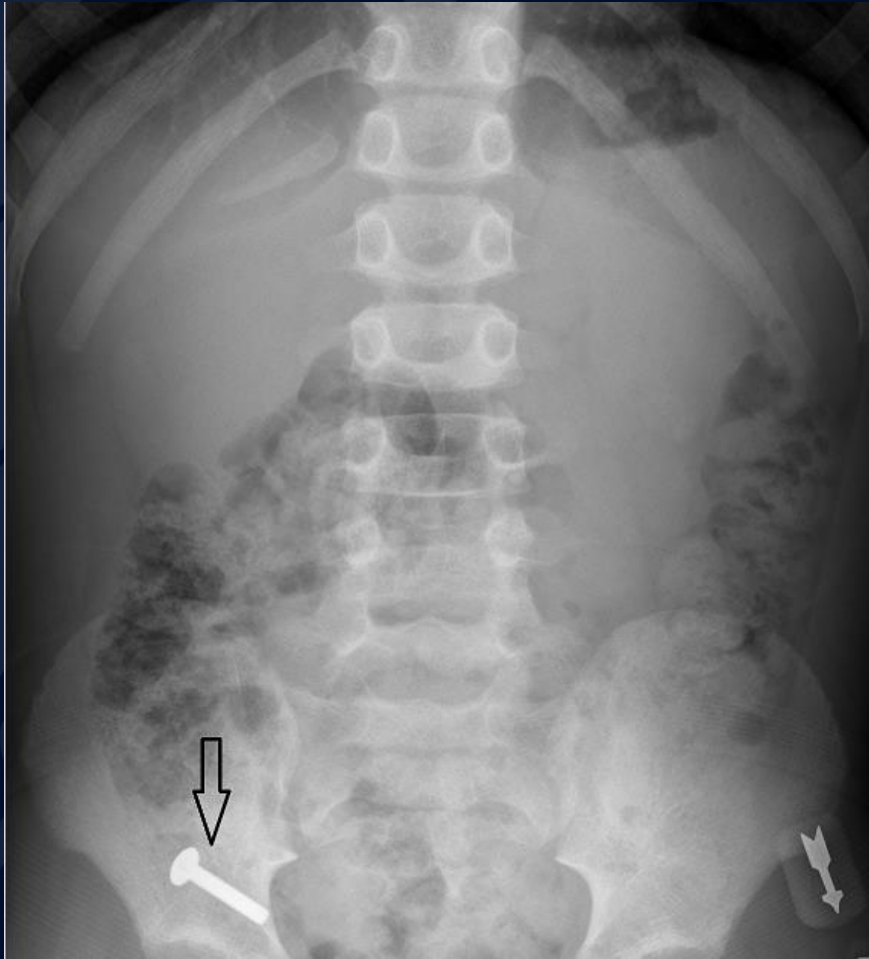
At 4pm

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 scalloped edge.

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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 it. The background is a solid dark blue.

# 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.