

Unusual Cause of Complex Enteroenteric Fistulae In Children: A Warning Letter To The Parents Number II

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Abstract

Infants and young children explore objects by putting them in the mouth. Although most swallowed foreign bodies pass spontaneously through the gastrointestinal tract without causing harm, some of them are potentially dangerous and may be lethal. Five children (3boys and 2girls) have swallowed multiple high strength and powerful rare earth element Neodymium magnets. Their ages ranged between (nine months to six-year-old).

Three cases were subjected to open and two for laparoscopic exploration (one of them converted to open). Multiple complicated enteroenteric fistulae in three cases and multiple perforation of small intestine in two cases. Resection anastomosis was done for one case and simple closure of small bowel perforations for other four cases. Post-operative course was uneventful for all patients and discharged in a good general condition. General practitioners should be aware of the danger and complications of Neodymium magnetic beads ingestion by children.

Early endoscopic removal is recommended if the patient presents immediately after ingestion. Parents awareness through media is required to abandon magnet balls in houses and where children can ingest those dangerous balls. Four-year-old boy referred to our Emergency Department (ED) with history of abdominal pain associated with repeated bouts of bilious vomiting for 2 days. 14 days ago, the patient was admitted in peripheral hospital because of abdominal pain associated with non-bilious vomiting and diarrhea. Diagnosed as gastroenteritis and received medical treatment and discharged home without doing plain abdominal X-ray or ultrasound. No past history of chronic medical illness or surgical disease.

On examination, he was conscious, alert and pinkish on room air. His vital signs were as follow; Temperature: 36.6 oc, heart rate: 102 beat/min: blood pressure: 93/62 mmHg, respiratory rate: 22 cycle/min. No signs of external violence. Chest showed good air entry bilaterally. Abdomen was soft, lax, not distended, but there was palpable and tender mass in right iliac fossa. There was no organomegaly.

Lab work-up: Hg: 12.4, WBC: 13.94, other hematological and biochemical parameter were within normal limit. Plain abdominal X-ray (erect) showed a complete ring of small balls attracted to each other in right lower abdominal region. Abdominal ultrasound showed only minimal pelvic collection. Foreign body ingestion in children is a common condition, particularly in those aged between 6 months and 3 years. As most ingested objects are small, they pass spontaneously, and it is estimated that 40% of foreign body ingestions go unnoticed without showing any signs and symptoms. Once the foreign body reaches the small intestine, in 80-90% of cases, the object passes spontaneously; however, some cases may be complicated by intestinal obstruction, volvulus, intussusception, and perforation.

Magnetic object ingestion is rare; however, it is important to be considered and recognized by physicians. Its incidence is expected to be 3.06 cases per 100000 children per year but during the last decade this number has grown fivefold owing to the growing popularity of magnetic toys. A single magnet is expected to behave like other foreign bodies; however, the harm risk is escalated when more than one magnetic object is swallowed and passed beyond the stomach since the pieces might hold the bowel wall in between them resulting in ischemia, pressure necrosis, perforation, and fistula formation. When there is evidence of multiple magnetic foreign body ingestion, our patients should be managed aggressively to prevent complications. Moreover, a midline laparotomy should be used as the incision of choice to facilitate access.

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