Swallowed Metallic Spoon In A 7 Year Old Child (Case Report)

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ABSTRACT

We present a 7 year old female child who swallowed a broken metallic spoon. The patient presented at the casualty unit of the hospital with history of swallowing a metallic spoon while feeding. Plain abdominal X- ray film showed the spoon in the region of the stomach. The patient was admitted and managed conservatively. Conservative management is emphasised. Contraindications to this form of treatment as well as complications of foreign bodies in the gastrointestinal tract are highlighted.

Key Words: Foreign bodies, Conservative management, Swallowed, stomach.

Introduction:

Various foreign bodies have been swallowed, including glass and metal fragments, pins, needles, cocktail toothpick, fish bones, coins, whistles, toys, broken blades etc.[1]. This occurs in adults as well as children, though more commonly in children 2-7 as they have a tendency (in an experimental fashion) to insert objects into body orifices. In adults, it occurs more commonly in patients with psychiatric disorders[2,3,7] We present an unusual case in a child with no psychiatric history who swallowed both her food and the spoon she was using.

Case Summary

A 7 year old female child presented at the accident and emergency unit of the Jos University Teaching Hospital 6 hours after she was said to have swallowed a broken metallic spoon while eating. The patient drooled saliva excessively thereafter for a few minutes. There was no history of psychiatric illness neither in the patient nor in the family. She was doing well in school.

On examination, the patient was essentially normal. A plain abdominal radiograph revealed the bulbous end of a spoon in the region of the stomach opposite the first lumbar vertebra on the left (fig.I). She was admitted for observation .Her vital signs were monitored closely and regular abdominal examination done particularly looking

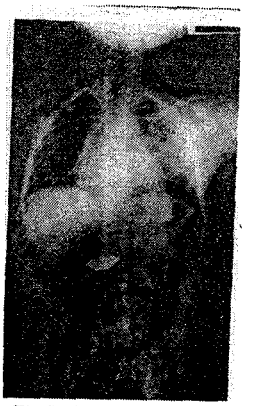

Fig I, Plain Abdominal X-ray showing Metallic broken spoon

for features of peritonitis, intestinal obstruction and bleeding with a view to intervene surgically if it became necessary. Each stool passed was examined for the foreign body and 2 days later, we found in the stool a 3.7cm long bulbous end of a metallic spoon (fig II). The next 24 hours were uneventful so the patient was discharged home for subsequent out-patient follow up.

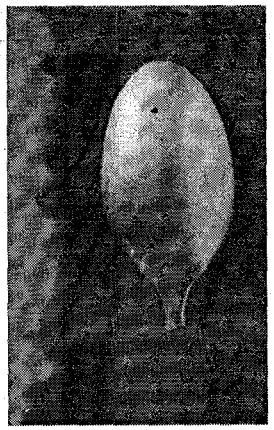

Fig II, Broken Spoon Swallowed by the Patient

Discussion:

Mainly children usually swallow foreign bodies. 2-7. At 7 years, we do not expect that children would be inserting objects in body orifices. This hungry child (as assessed by the parents) was probably eating in a rush while trying to get every single drop of food available, reflecting the poverty that is rife in our environment. That psychiatric patients are more prone to ingesting strange objects is not in doubt [2,3,7]. We however did not find any psychiatric illness in this child.

A management attitude of watchful expectation was adopted as majority of foreign bodies that have reached the stomach pass without difficulty [1] .This management approach is contraindicated if the object has a sharp edge (e.g. sewing needle) or has sharp projections for fear of gut perforation or is too large to pass the pylorus, when obstructive symptoms set in, or the patient has features of peritonitis. Objects that are long and so are unlikely to negotiate the duodenum should also be surgically removed [3]

In radio-opaque objects, progress should be followed by serial plain abdominal

X-ray films 1. All stools passed should also be examined for the foreign body [3].

Without surgical therapy, the complication that could set in include gut perforation, peritonitis, intestinal obstruction, ulceration with bleeding and abscess or granuloma formation.

Care should be taken on the objects children are allowed to handle. In case of ingestion of objects, conservative modality of treatment is advocated once it has reached the stomach, unless contraindicated.

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