

PP58 TALE OF THE MAGNET BOY

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INTRODUCTION

Foreign body ingestion among children is common, mostly happening in children aged 6 months to 3 years. Most of the foreign bodies are of low risk however certain scenarios raise red flags such as ingestion of button batteries, magnets, large objects and lead-based materials.

CASE REPORT

A healthy 2 years 11 months old boy was brought to emergency department for alleged magnets ingestion. The mother was holding sample of the remaining magnet beads each sizing 3x3x3mm. The child looked calm and cooperative. He nods to his mother when asked if he had ingested the magnets, however no one witnessed the event. Physical examination was unremarkable. Abdominal radiograph revealed the presence of nine small round opacities arranged in linear pattern located at the central of the abdomen, suggestive of small bowel. The similar configuration to the sample magnetic beads confirmed the child's story. The child was admitted for observation. He received enema as the initial radiograph showed fecal loading. Serial abdominal radiograph showed progressive movement of the magnets to the right lower quadrant of the abdomen at 18 hours post-ingestion. On the next day, child had bowel output with all the nine

beads safely out in stool and subsequently discharged home.

DISCUSSION

Ingestion of multiple magnets at different times can be detrimental. Magnetic attraction clump them together and may sandwich through loops of gastrointestinal walls. The force exerted can impede blood supply causing pressure necrosis and perforation, which can be potentially fatal. A practical and time-saving management approach has been suggested by Tariq Altokhais in 2021. Laxative can be tried in single magnet ingestion, however it is not ideal for multiple magnet ingestion. In our case, enema was used due to fecal loaded bowel to aid the progressive movement of foreign body. Should there be any change clinically suggestive of complications, surgical management is mandatory.

CONCLUSION

Complications caused by ingestion of multiple magnets are preventable if such products are not made accessible to children. Prompt diagnosis of foreign body ingestion based on history, clinical assessment and imaging will help to mitigate associated risks.

KEYWORDS

Foreign body ingestion, Magnets