

Full Length Sewing Needle in the Stomach of 2 Years-Old Baby: A Case Report

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Abstract

In clinical practice, foreign bodies are often detected; however, sharp materials in the stomach are rarely found. Sharp materials usually cause perforation of GIT (Gastro Intestinal Tract), and a rare case may reach the stomach without causing any injury to the part of the tract. Due to vague and non-specific clinical presentation which may simulate many abdominal pathologies, preoperative diagnosis of foreign body in the stomach is difficult and requires thorough investigation. Most of the time both patients and even parents are rarely aware of the foreign body ingested.

Case Report: In this case report, a 2-year-old baby swallowed 7 cm long sewing needle and presented to pediatric OPD. On physical examination the abdominal part was flat and soft with no tenderness. No palpable mass appreciated. Plain abdominal X-ray revealed foreign body in the stomach in which surgery was required and the sewing needle was removed surgically without complication. We closely followed the child and she is fine till the case report was sent for publication.

Conclusion: Children may not be aware of the foreign body they swallowed. Such conditions may occur while they play putting such foreign bodies in their mouth or while they try to hide from others. Conjoint use of detail history of the patient and the use of imaging modalities like X-rays, ultrasonography, or computed tomography in diagnosing such cases are super important.

Keywords: *Foreign body swallowing; Needle; Baby; Stomach*

1. Introduction

In children, foreign body swallowing is common, and the majority of these foreign bodies pass spontaneously through pharynx and esophagus without causing any complications [1]. However, some of very sharp objects cause perforations in the (GIT) gastrointestinal tract [2].

Treatment approach to ingested foreign body depends on several factors like the size, and whether their edges are sharp or smooth [3]. In most cases, they are lodged in the esophagus and stomach. Even though most of the swallowed foreign bodies are removed spontaneously with stool, in some cases surgical intervention is mandatory [4] like also in our case. This is a case report of a 2-year-old girl who swallowed a 7 cm sewing needle, which did not perforate the stomach wall.

2. Case Report

A 2-year-old female baby from Goba town visited Goba Referral hospital pediatric emergency OPD (Out Patient Department) with a chief complain of bloody vomiting of one day duration. In addition, the baby had loss of appetite and abdominal pain. She had no choking episode and shortness of breathing. Attendants of the baby didn't report any history of similar illness and they haven't observed foreign body ingestion.

On physical examination, the patient comes with bloody vomitus. Laboratory values like CBC were within the normal range. Plain X-ray of the abdomen showed a longitudinal metallic with a high-density and radio opaque object in the lumen of stomach positioned longitudinally (FIG. 1). The needle, with its upper tip (sharpened tip) at the cardiac part of the stomach was identified. Even though the better management was endoscopy, the hospital has no endoscopy machine and relatives of the baby did not have enough money for referral and surgical intervention was performed after written consent obtained from her father. The parents also gave written consent for publication of the case report including images. Thus, exploratory laparotomy, gastrostomy and foreign body removal was done by transverse abdominal surgery at supra umbilical area. After the greater curvature of the stomach was opened, the sewing needle measuring 7 cm (FIG. 2) in length was removed. No complication was developed in the postoperative period and the patient was discharged with stable vital signs on the seventh day of operation.



FIG. 1. Plain abdominal X-ray showing a sewing needle in the stomach of a 2-year-old baby.



FIG. 2. A 7 cm long sewing needle was removed from the stomach of a 2-year-old baby.

3. Discussion

Foreign body swallowing is a worldwide problem among children ranging from fishbone injury [5] to a large object that causes perforation of esophagus [2]. The need for removal of foreign bodies from the body may be urgent [6] or some others remain dormant for several years [7].

Based on the age group, ingestion of foreign body also varies. For example, in children swallowing of button batteries [6], needle [7,8], coins [9], and ballpoint pen [10] are common. In adults, needle [11], teaspoon [12], fish bone [5] and dentures [13] are the most common foreign bodies.

Morphology of the swallowed foreign body determines whether it remains intraluminal [13] like also in our case or may penetrate(perforate) the wall of GIT [14] may result in obstruction [11].

Management methods of ingested foreign bodies may of three types: endoscopy, observation for its removal with stool, and surgery. About three fourths of ingested foreign bodies are passed out with feces without causing any complication followed by endoscopic removal in 19% of cases and the rest 5% are removed surgically [1].

4. Conclusion

Children may not be aware of the foreign body they swallowed. The swallowing of foreign bodies in children usually occurs while they play with it or when they are trying to hide from others. Detailed history and use of imaging techniques have

synergistic use in identifying ingested foreign bodies. Because of its minimal drawbacks, endoscopy is preferable in removal of foreign bodies in the stomach. However, in the absence of endoscopy, like in our case surgical procedure is obliged.

5. Conflict of Interest

None.

6. Funding

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