

Unusual Management of Digestive Foreign Bodies in a 3-Year-Old Boy in Kalemie - Congo DRC

Abbreviations: DFBs: Digestive Foreign Bodies; FBs: Foreign Bodies

Introduction

Digestive foreign bodies (DFBs) are medical and surgical emergency because of clinical manifestations and the risk of perforation [1-3]. Foreign bodies (FBs) ingestion occurs at both extremes group age of life. The frequency and nature of FBs ingested vary from one study to another but mainly according to the patient's age group and his actual health status [3-5]. In Kalemie, the management of FBs ingestion is medical or surgical. We report the case of ingestion of the set "key and key holder" in a 3-year-old boy. The management was medical based on an exceptional diet, followed by spontaneous elimination. To our knowledge, we describe the first case of FBs ingestion management by food in an asymptomatic patient.

A 3-year-old boy was admitted for ingestion of FBs in Camp Marin Hospital of Kalemie. He was asymptomatic and had no medical or surgical history. Physical examination was normal. The chest and abdominal radiography requested could not be done as the x-ray machine was faulty. No possibility of carrying out an upper gastrointestinal endoscopy in this city to locate the FBs by default of material and competence. The surgeon of the city was informed. And the child was kept under observation and put under lactulose, one dose morning and evening for four days without success. The parents suggested us the usual treatment done in this region. That treatment consisted of putting the asymptomatic children under a special diet of sweet potato or yam or potato mixed with red palm oil for 24 hours. The proposal was adopted and on the fifth day, the child consumed sweet potato mixed with red palm oil. The outcome was favorable with elimination of the set "key and key holder" the next morning (Figure 1). The follow up is done for more than a month and the child is in perfect health.



Figure 1: Key and key holder found in the child's stool.

Letter to Editor

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The ingestion of FBs is one of the most frequent domestic accidents in children [3,6]. This frequency has considerably decreased in recent years because of the safety measures introduced in the manufacture of toys [6]. It occurs at the two extremes group age of life. The type of FBs varies according to the age and the past medical history of the patients. The coins account for 50 to 86.5% of the child's DFBs and the food 68 to 84% of the adult's [3,5]. Treatment is increasingly endoscopic nowadays [4,7,8]. It is surgical in case of complications. In our case, ingestion of the set "key and key holder" was asymptomatic until it was spontaneously eliminated. No esophageal symptoms: hypersalivation, retrosternal pain, regurgitation, hiccups, nausea and vomiting; or respiratory symptoms, such as dyspnea or cough throughout the observation period. Also, he had no abdominal pain or fever. The special diet given to this child is particularly nutritious and would have induced a fecal volume effect which has packed and facilitated the spontaneous elimination of this type of FBs.

Conclusion

The DFBs constitute a medical or even surgical emergency. The best treatment remains the prevention and sensitization of parents for children. In case of asymptomatic ingestion of FBs, this medical management could be tried before any surgery.

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