

Mini Review

Magnetic Foreign Body Ingestion in Children: A Review Article

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Abstract

As a prevalent and preventable cause of gastrointestinal injury, Magnet Ingestion (MI) in children is a documented and sometimes fatal health hazard in children. During their development it is known that children can sometimes ingest foreign objects due to oral explorative habits they have. Although it is often stated that once foreign bodies travel beyond the esophagus, most traverse the gastrointestinal tract without complications, this concept cannot be applicable in children with MI. It should be kept in mind that without appropriate management the whole gastrointestinal tract is at risk of perforation. In this review article it is aimed to review management strategies in children with MI together with a brief review of epidemiology, pathophysiology under the light of relevant literature.

Keywords: Children; Magnet Ingestion; Surgical treatment

Introduction

Foreign body ingestion in children is a commonly diagnosed clinical entity. Various objects may be ingested by children while playing or exploring nearby structures. When swallowed, magnets pose a particularly serious sometimes life-threatening health hazard due to their powerful attractive forces [1-4]. It has been stated that multiple magnet ingestion can produce a force of 1300 G attracting each other [5]. It is known that newly engineered magnets containing iron, boron and neodymium are 5-10 times stronger than plain iron magnets [6-8].

Common postulated mechanism of magnet related intestinal injury is the entrapment of mucous membrane or the whole thickness of bowel wall in between magnet pieces. The end results of this are necrosis due to pressure effect on bowel wall, perforation, intestinal obstruction, volvulus and fistula formation [9]. These pathophysiological mechanisms may also be observed in children with multiple magnet ingestion located in different anatomic locations in the gastrointestinal tract apart from each other.

In the United States, it has been reported that there have been more than 22.000 pediatric cases of ingested magnetic foreign bodies from 2002 to 2011 and during 3-year period, 1700 magnet related injuries have been observed between 2009 and 2011 [10]. The estimated incidence of annual pediatric Emergency Department (ED) visits for magnet ingestion in the USA is 3.75/100.000 children in 2011 [11]. After federal court decision of allowance of high-powered magnets to reenter the US markets in 2016 following banning of sales of high-powered magnet sets in 2012 by the US Consumer Product Safety Commission, it has been reported that frequency of MI by children has increased each year with an estimated 4013 cases in 2019 alone [12]. These data clearly indicates that there is a significant increase of magnet ingestions by children.

It has been stated that proportion of older children (>4 years) with MI is lower than that of younger children under the age of 3 years [12]. Older children have also been reported to ingest different types

of magnets including magnetic piercings. Generally speaking, early childhood is linked to toddler related MI due to oral exploration similar to other foreign body ingestions like coins [13]. Time interval between the ingestion of magnet to the date of intervention varies according to literature from 1 day to 6 months but most of the cases were found to present in the first week of MI [14].

Single MI is rarely a problem and is expected to behave like other foreign bodies. It has been recommended that children with single magnet ingestion should be advised to avoid clothing with metallic buckles, zippers or studs until the magnet passes through the gastrointestinal tract [15]. On the other hand, a single magnet coupled with one or more metallic objects should be regarded as multiple MI. Management of children with multiple magnet ingestion should include physical examination, serial imaging together with consultation with gastroenterologists and pediatric surgeons. After a careful history taking, the patient should be evaluated for abdominal complaints if there is a risk of MI. Abdominal pain, tenderness may not be observed in these patients and the child may seem quite healthy. In a previous report, strict conservative management with serial imaging daily for a few days has been recommended [14]. It has also been suggested that for ingested multiple magnets which are in the stomach endoscopic retrieval should be the first choice of removal. If it fails or there is a gap between magnets, lack of migration or clinical deterioration, laparoscopic or open surgical intervention should be promptly performed.

Laparoscopy has the advantage of better view of the whole abdominal cavity including pelvis allowing better localization of the foreign bodies. If laparoscopic extraction is not feasible then comes the choice of surgical approach either with laparoscopy assistance or not. In a survey comprising of 354 pediatric gastroenterologists who were members of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition it was shown that of the cases requiring surgical intervention, 16% resulted in bowel resection and 62% were for repair of perforation or fistula [16].

Although propulsive force of peristalsis may result in detachment

of the magnetic objects from each other it is paramount to avoid complications like intestinal necrosis, perforation or fistulae [14]. Usual surgical management is palpating the foreign object during explorative laparotomy and retrieval of magnet by enterotomy and primary closure with absorbable suture materials if there is not full-thickness perforation. In cases with perforation, it is mandatory to extract foreign body first and then after mechanical cleaning of the abdominal cavity, simple closure of perforation site is all that is needed as intestinal fistulae develop due to pressure effect of magnets on the intestinal tissues.

In conclusion, accidental ingestion of magnetic foreign bodies is a common dangerous, potentially fatal health hazard in children. Due to availability of small magnets sold in magnet sets, there is an increasing number of cases with MI and first liners of medical providers need to be aware of the risk of this clinical entity. Caregivers of children with ingestion of magnets and their families should be informed about this unwanted entity. Besides legislative preventive measures and regulatory actions are needed to protect children. In children with magnet ingestion prompt evaluation, imaging and consultation with gastroenterology and pediatric surgery is highly recommended.

Conflicts of Interest

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Author Contribution to the Manuscript

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