

ANSWERS

- 19.1 **A.** Foreign-body ingestion is most common in children.
- 19.2 **C.** In adults, a swallowed object will most commonly lodge in the esophagus at the lower esophageal sphincter. In children, the most common location is the proximal esophagus at the cricopharyngeal narrowing.
- 19.3 **C.** Button battery ingestion is a true emergency with the potential for mucosal burns within 4 hours and esophageal perforation within 6 hours of ingestion. A button battery in the esophagus must be removed as soon as possible.
- 19.4 **A.** In general, the preferred method of swallowed foreign body removal is endoscopy (except in body packers due to the risk of packet rupture).

CLINICAL PEARLS

- ▶ Children account for the vast majority of cases of swallowed foreign bodies.
- ▶ In the pediatric patient, objects most commonly lodge in the proximal esophagus, whereas most adult patients have distal esophageal obstructions.
- ▶ Findings such as fever, subcutaneous air, or peritoneal signs suggest perforation and necessitate an emergent surgical consult.
- ▶ Button batteries in the esophagus as well as sharp, pointed objects in the stomach must be removed as soon as possible. In general, the preferred method of swallowed foreign body removal is endoscopy (except in body packers because of the risk of packet rupture).

REFERENCES

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CASE 20

A 55-year-old man presents to the emergency department (ED) complaining of abdominal pain. The patient relates that he has been having intermittent pain throughout the abdomen for the past 12 hours, and since the onset of pain, he has vomited twice. His past medical history is significant for hypertension and colon cancer for which he underwent laparoscopic right colectomy 8 months ago. The patient indicates that he has not had any recent abdominal complaints. His last bowel movement was 1 day ago, and he denies any weight loss and hematochezia. On physical examination, the patient is afebrile. The pulse rate is 98 beats per minute, blood pressure is 132/84 mm Hg, and respiratory rate is 22 breaths per minute. His cardiopulmonary examination is unremarkable. His abdomen is obese, mildly distended, with well-healed surgical scars. No tenderness, guarding, or hernias are noted. His bowel sounds are diminished, with occasional high-pitched sounds. The rectal examination reveals normal tone, empty rectal vault, and hemoccult-negative stool.

- ▶ What is the most likely cause of this patient's problems?
- ▶ What are the next steps in this patient's evaluation?