

A woman brings her 3-year-old son to the emergency room after witnessing him swallow a disk-shaped battery. She adds that he vomited once on the way to the hospital. The vomitus was non-bloody and did not contain the battery. Physical examination of the child's chest is unremarkable. Plain radiographs reveal that the battery is located in the esophagus. What is the most appropriate next step in the management of this patient?

- ☐ A. Induce emesis to expel the battery
- ☐ B. Observation for next 24-48 hours for spontaneous expulsion
- ☐ C. Immediate endoscopic removal
- ☐ D. Advance the battery into the stomach with a nasogastric tube
- ☐ E. Increase gastrointestinal motility with metoclopramide

Submit

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- ☐ A. Induce emesis to expel the battery [2%]
- ☐ B. Observation for next 24-48 hours for spontaneous expulsion [10%]
- ☒ C. **Immediate endoscopic removal** [86%]
- ☐ D. Advance the battery into the stomach with a nasogastric tube [1%]
- ☐ E. Increase gastrointestinal motility with metoclopramide [1%]

[Proceed to Next Item](#)

Explanation:

User Id: XXXXXXXXXX

The management of a child who has ingested a battery differs depending on its location in the digestive tract. Thus, radiographic imaging is required. If x-ray reveals that the battery is lodged in the esophagus, immediate endoscopic removal is necessary in order to prevent mucosal damage and esophageal ulceration (**Choice C**). Batteries located distal to the esophagus on x-ray pass uneventfully in 90% of cases. Such patients are observed to confirm excretion of the battery by stool examination and/or radiographic follow-up.

(Choice A) Induced emesis is not used in cases of battery ingestion. It is unlikely to succeed and risks further damage to the esophagus.

(Choice B) If the battery has already passed beyond the esophagus, observation is appropriate because these are usually excreted uneventfully. In contrast, a battery that is still within the esophagus on x-ray is likely lodged, and can cause severe damage if not removed.

(Choice D) Pushing the battery into the stomach with a nasogastric tube is inappropriate. First, attempting blindly to move the battery is unlikely to be successful, and second, it risks further esophageal damage.

(Choice E) Metoclopramide is generally not efficacious in speeding clearance of batteries from the GI tract.

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User Id: [REDACTED]

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Educational objective:

Batteries lodged in the esophagus on x-ray should be removed immediately under endoscopic guidance to prevent mucosal damage and esophageal ulceration. Batteries located distal to the esophagus pass uneventfully in most cases and need only to be observed with stool examination and/or follow up x-rays to confirm excretion.

Time Spent: 2 seconds

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Last updated: [08/15/2016]