

Clinical Profile and Management of Foreign Body Ingestion in Children: A Prospective Observational Study

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Abstract

Background: Foreign body ingestion is a common pediatric emergency and accounts for a significant number of emergency department visits in children [1,2]. While most ingested objects pass spontaneously through the gastrointestinal tract, a small proportion require endoscopic or surgical intervention [3].

Methods: This prospective observational study was conducted at a tertiary care center from December 2023 to December 2025 and included 40 children aged 3–18 years presenting with foreign body ingestion. Clinical evaluation and radiological imaging guided management decisions.

Results: Children aged 5–10 years were most commonly affected, consistent with previous reports [3,4]. Coins were the most frequently ingested foreign bodies [1,3]. Conservative management was successful in most cases. Endoscopic removal was required in one patient, while two patients required surgical intervention. No mortality or major complications were observed.

Conclusion: Foreign body ingestion is common in children and can be managed conservatively in the majority of cases. Timely intervention is necessary for high-risk foreign bodies [5,6].

Keywords: Foreign body ingestion; children; endoscopy; conservative management

INTRODUCTION

Foreign body ingestion is frequently encountered in pediatric surgical practice, particularly among young children due to exploratory behavior and accidental exposure [1,2]. The majority of ingested foreign bodies pass through the gastrointestinal tract without complications; however, sharp, elongated, or hazardous objects such as magnets and button batteries may result in serious morbidity and require urgent intervention [5–7]. Coins remain the most commonly ingested foreign bodies worldwide [1,3].

Methods

This prospective observational study was conducted in the Department of Surgery, Government Medical College, Udhampur. Forty children aged 3–18 years with suspected or confirmed foreign body ingestion were included. All patients underwent clinical evaluation and plain radiographs for localization, in accordance with standard recommendations [4,8]. Conservative management was adopted for asymptomatic patients, while endoscopic or surgical intervention was reserved for symptomatic cases or high-risk foreign bodies [3,5].

Results

Among the 40 patients, the majority were aged 5–10 years. Coins were the most commonly ingested foreign bodies, followed by hairpins, pen caps, toys, magnets, and other objects. Similar object distributions have been reported in other pediatric series [3,4]. Conservative management was successful in most patients. Endoscopic removal was required in one case, and surgical intervention was performed in two cases. No mortality or significant complications were noted.

Discussion

The findings of this study are consistent with existing literature identifying coins as the most frequently ingested foreign bodies in children [1,3]. Conservative management is effective in the majority of cases and aligns with current clinical guidelines [4,8]. Surgical intervention is rarely required and should be reserved for patients with complications or ingestion of high-risk objects such as long or sharp foreign bodies, magnets, or button batteries [5–7,9].

Conclusion

Foreign body ingestion is a common pediatric emergency. Most cases can be managed conservatively with excellent outcomes. Early diagnosis and appropriate management, guided by object characteristics and clinical presentation, are essential to prevent complications [3,4].

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