

Rare Foreign Bodies (Pellets) Migrating Through the Gastrointestinal tract Spontaneously. Report of 2 Cases

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ABSTRACT

Foreign body ingestion or insertion in children is a common clinical condition. Foreign body may cause number of complications if not detected and treated in time. Firearm injury is not uncommon. Injury by air gun may cause pellets to retain inside human body. Here we present two cases of air gun injury where pellets entered the esophagus and passed through gastrointestinal tract spontaneously without causing any complication.

Key words Foreign body, Firearm, Pellet, Gastrointestinal tract.

INTRODUCTION:

Ingestion of foreign body (FB) in pediatric population is a common emergency.¹ Most of the ingested foreign bodies pass through the gastrointestinal tract without any problem.² Penetrating foreign bodies may cause only minor injuries.³ However many complications have been reported like abscess formation, distant embolization etc.⁴ In this report we present two cases with pellet injury that had very rare course which merits reporting.

CASE -1:

A 6 year old boy presented in emergency with history of being shot by his elder brother by air gun. Injury occurred to anterior aspect of neck. He vomited blood, though there were no respiratory symptoms. On examination a small entry wound was found in the midline of the neck (Fig I). There was subcutaneous emphysema in the cervical region. Other examination was unremarkable. The child was put on intravenous antibiotics and fluids and kept nothing by mouth. X-ray neck and chest was done showing subcutaneous emphysema in cervical region and a pellet found in the abdomen (Fig. II). Patient was kept under observation. On 5th day check x-ray abdomen showed no FB. The subcutaneous emphysema also subsided spontaneously.

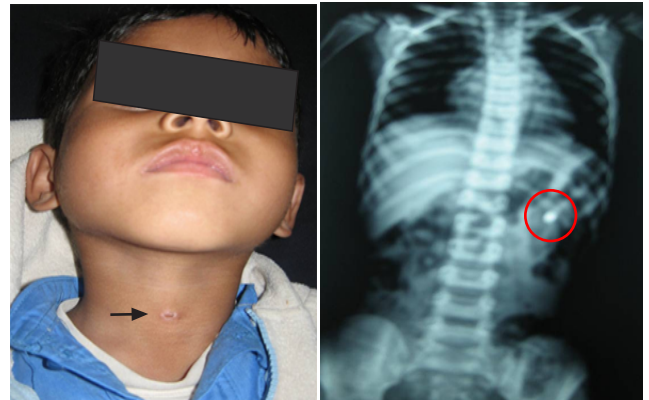


Fig I: Entry wound in midline of neck caused by air gun

Fig II: X-ray showing pellet lying in the abdomen.

CASE -2:

An 8 year old boy was brought with history of accidental firearm injury. There was little bleeding from the wound and child had difficulty in feeding. On examination a small entry wound was found in midline of the neck anteriorly, with no exit wound (Fig III). The patient was breathing normally and his ENT and systemic examination was unremarkable. X-ray abdomen was performed after 24 hours which showed pellet in lower half (Fig IV). On 5th day check x-ray abdomen showed no FB.

DISCUSSION:

Air gun injury is commonly reported in children. The pellets, though a small object, can cause complications depending upon where they lodge.⁵ Mostly, they remain asymptomatic. In this study the main presentation of pellet injury was significant as in one case it resulted in subcutaneous emphysema and in other case caused little bleeding.⁶ The site

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Fig III: Entry wound in neck. Fig IV: X-Ray chest and abdomen showing pellet lying in lower abdomen.

of injury, the neck, was dangerous region as important anatomical structures are found here.⁷

In both the cases pellet perforated the esophagus and then passed spontaneously through the gastrointestinal tract without causing any further damage.⁸ Usually ingested foreign bodies have smooth course, which is also noted in our cases. Wait and watch policy with detailed description of benign course to parents lessens their anxiety. Both of our cases were fortunate as no significant morbidity occurred. The reason for uneventful passage of these pellets could be their smooth surface and lesser projectile force. Even in case with subcutaneous emphysema, the source of air being perforation in esophagus, healed well. Wound infection, localized abscess and salivary fistula are possible complications in such a situation.⁹

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