



Letter to Editor

Unusual Management of Digestive Foreign Bodies in a 3-year-old Boy in Kalemie - Democratic Republic of Congo

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Introduction

Digestive foreign bodies are medical and surgical emergency because of clinical manifestations and the risk of perforation [1-3]. Ingestion of foreign bodies occurs at extremes in all age groups of life. The frequency and nature of foreign bodies ingestion may vary from one study to another according to the patient's age group and his actual health status [3-5]. In Kalemie, the management of foreign bodies ingestion is medical or surgical. We report the case of ingestion of the set "key and key holder" in a 3-year-old boy. The management was medical based on an exceptional diet, followed by spontaneous elimination. To our knowledge, we describe the first case of foreign bodies ingestion management by food in an asymptomatic patient.

A 3-year-old boy was admitted for ingestion of foreign bodies in Camp Marin Hospital of Kalemie. He was asymptomatic and has no medical or surgical history. Physical examination was normal. The requested chest and abdominal radiography could not be done because of the x-ray machine failure. No possibility of carrying out an upper gastrointestinal endoscopy in this city to locate the foreign bodies by default of material and competence. The surgeon of the city was informed and the child was kept under observation by administering the lactulose, daily one dose in the morning and evening for four days without failure. The parents suggested us the usual treatment done in this region. That treatment consisted of putting the asymptomatic children under a special diet of sweet potato or yam or potato mixed with red palm oil for 24 hours. The proposal was adopted and on the fifth day, the child consumed sweet potato mixed with red palm oil. The outcome was favorable with elimination of the set "key and key holder" the next morning (Figure 1). The follow up is done for more than a month and the child is in perfect health.

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Figure 1: Key and key holder found in the child's stool.

The ingestion of foreign bodies is one of the most frequent domestic accidents in children [3,6]. This frequency has considerably decreased in recent years because of the safety measures introduced in the manufacture of toys [5,6]. It occurs at the two extremes group age of life. The type of foreign bodies varies according to the age and the past medical history of the patients. The coins account for 50 to 86.5% of the child's digestive foreign bodies and the food 68 to 84% of the adult's [2,5,7]. Treatment is increasingly endoscopic nowadays [4,7,8]. It is surgical in case of complications. In our case, ingestion of the set "key and key holder" was asymptomatic until it was spontaneously eliminated. No esophageal symptoms: hypersalivation, retrosternal pain, regurgitation, hiccups, nausea and vomiting; or respiratory symptoms, such as dyspnea or cough throughout the observation period. Also, he had no abdominal pain or fever. The special diet given to this child is particularly nutritious and would have induced a fecal volume effect which has packed and facilitated the spontaneous elimination of this type of foreign bodies.

In conclusion, the digestive foreign bodies constitute a medical or even surgical emergency. The best treatment remains the prevention and sensitization of parents for children. In case of asymptomatic ingestion of foreign bodies, this medical management should be tried before any surgery in a similar context.

Conflict of interest: None

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