

Magnetic snakes subsonic

Wen-Xiang Zhu^{1,2}, Wei Liu^{1,2}

¹Department of Gastroenterology, Yichang Central People's Hospital, Yichang 443000, China; ²Institute of Digestive Disease, China Three Gorges University, Yichang 443000, China

Correspondence to: Wei Liu, PhD. Institute of Digestive Disease, China Three Gorges University, 8 Daxue Road, Yichang 443000, China.

Email: liuwei@ctgu.edu.cn.

Received: 26 January 2020. Accepted: 12 February 2020.

doi: 10.21037/amj.2020.03.01

View this article at: <http://dx.doi.org/10.21037/amj.2020.03.01>

A 7-year-old boy presented to the emergency department after he had ingested magnetic buckyballs. He had not vomited and had no pain in his abdomen. A physical examination was unremarkable. A radiograph of the abdomen confirmed a snake-shaped foreign body in the left upper quadrant (*Figure 1A,B*). Ingestions of magnets are commonly reported in children 5 to 10 years of age (1). Ingested magnets that warrant immediate endoscopic

removal from the stomach lead to magnet-related injuries by their powerful attractive forces (2). Asymptomatic children who have ingested the single magnet may be observed without intervention to allow the foreign body to pass spontaneously (3,4). When 2 or more magnets have been ingested, prompt evaluation, imaging, and consultation with gastroenterology colleagues are warranted (5). In this patient, radiographs of the stomach revealed the

Magnetic snakes subsonic

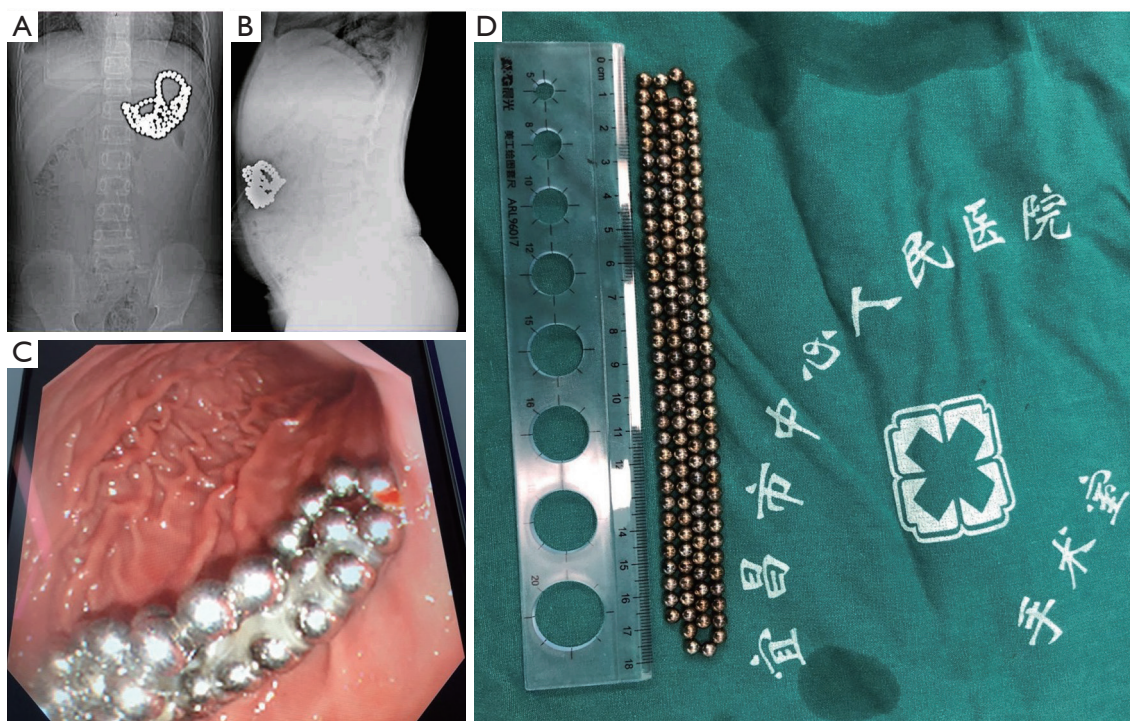


Figure 1 Magnetic snakes subsonic. (A) Orthotopic chest radiograph; (B) lateral chest radiograph; (C) gastroscopy; (D) foreign body in stomach.

large number of buckyballs. The patient was taken to the operating room to undergo rigid endoscopy, and the “Magnetic snake subsonic” made up of 140 buckyballs was removed (*Figure 1C,D*). Reinspection of the stomach showed minor abrasions of the gastric mucosa. After the procedure, the patient recovered well and was discharged home.

Acknowledgments

Funding: This work was supported by National Natural Science Foundation of China (31600134).

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed

consent was obtained from the patient for publication of this “Images in Clinical Medicine”.

References

1. Kramer RE, Lerner DG, Lin T, et al. Management of ingested foreign bodies in children: a clinical report of the NASPGHAN Endoscopy Committee. *J Pediatr Gastroenterol Nutr* 2015;60:562-74.
2. Brown JC, Otjen JP, Drugas GT. Too attractive: the growing problem of magnet ingestions in children. *Pediatr Emerg Care* 2013;29:1170-4.
3. Otjen JP, Rohrman CA Jr, Iyer RS. Imaging pediatric magnet ingestion with surgical-pathological correlation. *Pediatr Radiol* 2013;43:851-9.
4. Centers for Disease Control and Prevention (CDC). Gastrointestinal injuries from magnet ingestion in children--United States, 2003-2006. *MMWR Morb Mortal Wkly Rep* 2006;55:1296-300.
5. Silverman JA1, Brown JC, Willis MM, et al. Increase in pediatric magnet-related foreign bodies requiring emergency care. *Ann Emerg Med* 2013;62:604-8.e1.

doi: 10.21037/amj.2020.03.01

Cite this article as: Zhu WX, Liu W. Magnetic snakes subsonic. *AME Med J* 2020.