



MESA REDONDA
PREVENÇÃO DE ACIDENTES DE ASFIXIA EM CRIANÇAS
DIA 03 DE SETEMBRO DE 2012

Apoio:



ITALIA 
Agenzia per la promozione all'estero e
l'internazionalizzazione delle imprese italiane
in gestione transitoria





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DIA 03 DE SETEMBRO DE 2012

Dr. Paschoal Napolitano Neto



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CE no trato gastro intestinal

INGESTÃO DE CORPO ESTRANHO É UM PROBLEMA COMUM NA PEDIATRIA
CRIANÇAS EXPLORAM OS OBJETOS COLOCANDO-OS NA BOCA

A MAIORIA DAS INGESTÕES DE CORPO ESTRANHO PASSA DESAPERCEBIDA
OU O CORPO ESTRANHO É ELIMINADO EXPONTÂNEAMENTE SEM DANO

[World J Pediatr.](#) 2010 Nov;6(4):301-10. Epub 2010 Nov 16.

Foreign body ingestion: children like to put objects in their mouth.

[Hesham A-Kader H.](#)

Source :Department of Pediatrics, The University of Arizona, Tucson, AZ 85750, USA.

Dr. Paschoal Napolitano Neto

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PREOCUPAÇÃO ANTIGA

[J Med Assoc Ga.](#) 1949 Jul;38(7):280-2.

Ingestion of foreign objects necessitating gastrotomy; report of four cases.

[STEWART JB](#), [WILLIAMS DC Jr.](#)

[J Fr Otorhinolaryngol Chir Maxillofac.](#) 1966 Oct;15(6):777-82.

[Foreign body in the esophagus. Removal by thoracotomy 5 months after ingestion]. [Article in French]

[Gouzy J](#), [Meunier JL](#), [Stipon JP.](#)

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[Br Med J.](#) 1971 Nov 20;4(5785):469-72.

Management of ingested foreign bodies in childhood.

[Spitz L.](#)

Abstract

A total of 660 patients with ingested foreign bodies admitted to the general surgical services in two children's hospitals in Liverpool are reviewed. Endoscopic removal (205 cases) is recommended for all foreign objects impacted in the oesophagus, with the exception of rounded or blunt objects in the lower third, which should be observed for a maximum of 12 hours. The indications for laparotomy for removal of a foreign body (43 cases, 6.5%) are the danger of perforation and failure of progression. The ingestion of a long slender object-for example a hair-grip-in a child under 2 years of age, is an absolute indication for prophylactic operative removal owing to the high incidence of impaction and perforation of the duodenum.

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TABLE 1—*Nature of Foreign Body and Type of Treatment used*

	No. of Cases	Conservative	Surgical	
			Endoscopic	Operative
Rounded and cuboidal objects (coins, marbles, buttons, rings)	307	145	157	5
Objects with sharp points (straight pins, nails, open safety-pins)	235	193	37	5
Long slender objects (hair- grips, pencils)	90	55		35
Foodstuffs	8		8	
Unspecified	20	17	3	
Total	660	410	205	45

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TABLE II—*Situation of Foreign Body and Type of Treatment used*

	Total No. of Cases	Conservative	Surgical
Oesophagus	231	24	207
Stomach and duodenum	227	184	43
Intestine	30	30	
Unconfirmed	62	62	
Insufficient data	110	110	
Total	660	410	250

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TABLE III—*Foreign Bodies removed at Laparotomy*

Nature of Foreign Body	Situation		Indication	
	Stomach	Duodenum	Danger of Perforation	Failure of Progression
Hair-grips	13	18	11	20
Needles	1	2	3	
Open safety-pins ..	1	2	2	1
Coins	4	0		4
Trichobezoar	1			1
Golliwog		1		1

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FORMAS DE INGESTÃO:

INGESTÃO VOLUNTÁRIA (CURIOSIDADE INFANTIL)

INGESTÃO ACIDENTAL DURANTE PROCEDIMENTOS ODONTOLÓGICOS

PACIENTES COM REBAIXAMENTO NEUROLÓGICO OU

INABILIDADE INTELECTUAL

OBJETOS MAIS COMUNS:

NOZES, SEMENTES, BOTÕES, MAGNETOS, BATERIAS, MOEDAS,

BORRACHAS, BRINQUEDOS E/OU FRAGMENTOS DE BRINQUEDOS

FRAGMENTO DE OSSO DE FRANGO, ESPINHO DE PEIXE

CABELOS E ESPONJAS (BEZOAR)

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LESÕES :

PERFURAÇÃO ESOFAGO COM OU SEM FÍSTULA

PERFURAÇÃO INTESTINAL COM OU SEM FÍSTULA

OBSTRUÇÃO ESOFÁGICA NO CARDIA OU NA ESTENOSE

OBSTRUÇÃO INTESTINAL EM LESÕES CONGÊNITAS OU IMPACTAÇÃO

VOLVO INTESTINAL

INTOXICAÇÃO ALGUNS SOLVENTES DE PLÁSTICOS

[Ned Tijdschr Geneeskd.](#) 2010;154:A1917.

[Serious gastrointestinal complications due to accidental ingestion of magnetic toy parts].

[Kromhout HE](#), [Uijterschout L](#), [Koopman-Keemink Y](#), [Zijp GW](#), [Brus F](#).

Source :HagaZiekenhuis, locatie Juliana Kinderziekenhuis, afd. Kindergeneeskunde, Den Haag, the Netherlands.

Am J Emerg Med. 2010 Oct;28(8):984.e5-6.

[Fatal aortoesophageal fistula caused by button battery ingestion in a 1-year-old child.](#)

Mortensen A, Hansen NF, Schiødt OM. Epub 2010 Apr 2.

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VOLVO INTESTINAL

INTOXICAÇÃO ALGUNS SOLVENTES DE PLÁSTICOS

[Pediatr Emerg Care.](#) 2009 Nov;25(11):758-60.

Coma in a 20-month-old child from an ingestion of a toy containing 1,4-butanediol, a precursor of gamma-hydroxybutyrate.

[Ortmann LA](#), [Jaeger MW](#), [James LP](#), [Schexnayder SM](#).

Source :Section of Critical Care Medicine, Department of Pediatrics, University of Arkansas for Medical Sciences, Arkansas Children's Hospital,

Abstract

Ingestion of plastic toys is common in children and usually does not result in harm. We report a case of coma in a 20-month-old child after an ingestion of a toy containing 1,4-butanediol, an industrial solvent used to manufacture plastics. When ingested, 1,4-butanediol is metabolized to gamma-hydroxybutyrate, which can have significant systemic effects including death. Health care providers should suspect the possibility of a toxic component when a presumed nontoxic object causes unusual symptoms.

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CE no trato gastro intestinal

CE magnéticos causam lesões como necroses, perfurações e fístulas se não diagnosticados recentes

Em 149 pax – 22 eram portadores de problemas neurologico ou psiquiatricos

Maioria entre 2 e 4 anos idade

É importante rápida intervenção para diminuir a morbi mortalidade

[Front Med.](#) 2012 Aug 11. [Epub ahead of print]

Gastrointestinal damage caused by swallowing multiple magnets.

[Liu S](#), [Li J](#), [Lv Y](#).

Source :Department of Hepatobiliary Surgery, the First Affiliated Hospital, Xi'an Jiaotong University, Xi'an, 710061, China.

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CE no trato gastro intestinal

Estudo retrospectivo de 10 anos mostrou que 7,8% das EDA foram para remover CE (248)

Idade média de 3,2 anos Sexo 1,6 masc : 1 feminino

Maioria dos CE 81% foram moedas situadas no esofago 68%

Remoção com sucesso em 99% delas

Ago 2012 - Jackson (MS) EEUU

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CE no trato gastro intestinal

[Turk J Pediatr.](#) 2011 Jul-Aug;53(4):381-7.

Management of foreign body ingestion and food bolus impaction in children: a retrospective analysis of 675 cases.

[Antoniu D,](#) [Christopoulos-Geroulanos G.](#)

Source :Department of Pediatric Surgery, Aghia Sophia Children's Hospital, Athens, Greece.

Abstract

Although foreign body ingestion is a common problem in children, there are no clear guidelines regarding the management of ingested foreign bodies. The aim of this study was to evaluate the effectiveness of our protocol in the work-up and management of children with ingested foreign bodies. **Between September 2002 and August 2010, a total of 675 children with suspected foreign body ingestion were seen in the emergency department.** At initial presentation, the majority of foreign bodies were located in the stomach (n=392, 58.1%) followed by the small intestine (n=221, 32.7%) and esophagus (n=62, 9.2%). Based on our protocol, 84 (12.4%) patients were admitted at initial presentation, and 5 after a 48-hour observation period at home; 61 (9%) required prompt endoscopic removal. Sixty-eight (10.1%) patients returned for endoscopic removal after a four-week observation period, and 3 (0.4%) patients underwent delayed surgery due to complications. The overall success rate of endoscopic retrieval was 96.1%. There were no major complications. The majority of ingested foreign bodies will pass spontaneously and most children can be safely observed at home. Selective endoscopic intervention is the preferable method for the removal of ingested foreign bodies in pediatric patients.

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[Int J Pediatr Otorhinolaryngol.](#) 2011 Dec;75(12):1553-7. Epub 2011 Oct 1.

Retrieval of a penny from the pediatric esophagus: a cost analysis.

[Goins JL](#), [Evans AK](#).

Source

Wake Forest Baptist Health, Department of Otolaryngology, Winston-Salem, NC 27157, United States.

OBJECTIVE:

As part of the oral phase of development, children commonly ingest foreign bodies. The most common lodged foreign body, requiring operative removal, in the United States is the penny. Valued at 1 cent, comprised of materials valued at less than 1 cent, costing 1.62 cents to manufacture, and being never removed from circulation, pennies are aplenty. But ingestion can lead to mucosal damage, the consequences of which can be esophageal perforation or stricture formation. We hypothesize that the monetary value of the penny is far less than the cost of its ingestion and removal. This quality assurance study examines the effect of the penny on the purse.

PATIENTS AND METHODS:

This retrospective review identified 180 foreign bodies in children under the age of 18 over a five year period. Eighty-two were pennies. Operative notes revealed degree of injury. Hospital charge assessments revealed the "cost" of each visit.

RESULTS:

There were no esophageal perforations, and cases were divided evenly among injury grades 0-III. The average total charge for all penny-related injuries was \$7164.78.

CONCLUSIONS:

The purpose was to examine the actual cost of a penny (more than its value in production) and the potential cost of its damage (thousands of dollars in measurable costs, untold immeasurable costs). The goal of this study is to draw healthcare professional and public attention to a potentially serious and yet highly preventable injury in young children.

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[Arch Pediatr.](#) 2011 Aug;18(8):856-62. Epub 2011 Jun 11.

[Foreign body ingestion in children: 105 case reports]. [Article in French]

[Lakdhar-Idrissi M](#), [Hida M](#).

Source : Unité de gastroentérologie pédiatrique, service de pédiatrie, hôpital mère-enfant, CHU Hassan II de Fès, Fès, Maroc.
Abstract

The ingestion of a foreign body (FB) is one of the most frequent childhood accidents requiring urgent care depending on the type and localization. Coins are the most frequent, and disk battery ingestion can lead to a significant risk of complications. FB stagnation in the esophagus entails a major risk of perforation. This article reports a retrospective study of 105 cases of foreign body ingestion admitted to the pediatric gastroenterology unit between November 2002 and June 2010. The average age of these patients was 4 years with a 1.5 sex ratio. Ten patients were followed for esophagus stenosis; the others had no considerable pathological histories. The fibroscopy performed on 104 patients allowed us to visualize the foreign body in 96 cases (91.4%). In the 8 remaining cases, the FB was not found (it had already migrated in the digestive tract). Coins were the most frequent (64.7%). Endoscopic extraction removed 83 FBs (86.4%). In 11 cases, it was pushed towards the stomach, split up in 1 case, and surgery was necessary in only 1 case. The progress of child digestive fibroscopy has decreased both the morbidity related to the ingestion of foreign bodies and the use of surgery. Prevention should be based on educating the parents by informing them about the risk of this kind of accident.

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[Auris Nasus Larynx](#). 2011 Oct;38(5):612-7. Epub 2011 Feb 26.

Toys in the upper aerodigestive tract: evidence on their risk as emerging from the ESFBI study.

[Foltran F](#), [Gregori D](#), [Passàli D](#), [Bellussi L](#), [Caruso G](#), [Passàli FM](#), [Passàli GC](#); [ESFBI Study Group](#).

[Collaborators \(46\)](#)

Source

Department of Surgery, University of Pisa, via Roma no. 67, Pisa, Italy.

OBJECTIVE: Foreign body inhalation/aspiration or ingestion is a relatively common event in young children and, despite many efforts made in several Countries to reach acceptable safety levels for products devoted to children, small toys or toy parts are frequently mentioned among risky foreign bodies. The aim of the present study is to characterize the risk of complications and prolonged hospitalization due to toys inhalation/aspiration or ingestion according to age and gender of patients, FB characteristics and FB location, circumstances of the accident, as emerging from the ESFBI study.

METHODS: **A retrospective study in major hospitals of 19 European Countries was realized on children aged 0-14 having inhaled/aspired or ingested a toy, with regard to the characteristics of the child and the FB (shape, volume, consistency), the FB location, the hospitalization's details and the occurrence of complications.**

RESULTS: In the years 2000-2003 a total of 2094 FB injuries occurred in children aged 0-14 years. Among them 121 (5.8%) were due to toys (mainly parts of toys) and 95 (4.5%) occurred in the lower/upper aero-digestive tract. 58 children needed hospitalization. The first determinant of a damage requiring hospitalization is the rigid consistence of the object. Almost 27% of toys related injuries happened under adults' supervision.

CONCLUSIONS: Despite the adoption of preventive strategies, including products modification by manufacturers, has resulted in a decrease of children's mortality rate for choking in the last decades, our results seem to testify that preventive strategies imposing a regulation of industrial production, even if fundamental, are not sufficient and need to be integrated with other preventive intervention addressed to improve parents ability to be conscious of FB injuries and attentive toward a proper surveillance of children.

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[Pediatrics](#). 2010 Jun;125(6):1178-83. Epub 2010 May 24.

Preventing battery ingestions: an analysis of 8648 cases.

[Litovitz T](#), [Whitaker N](#), [Clark L](#).

Source: National Capital Poison Center, 3201 New Mexico Ave, Suite 310, Washington, DC 20016, USA

OBJECTIVES: Outcomes of pediatric button battery ingestions have worsened substantially, predominantly related to the emergence of the 20-mm-diameter lithium cell as a common power source for household products. Button batteries lodged in the esophagus can cause severe tissue damage in just 2 hours, with delayed complications such as esophageal perforation, tracheoesophageal fistulas, exsanguination after fistulization into a major blood vessel, esophageal strictures, and vocal cord paralysis. Thirteen deaths have been reported. The objective of this study was to explore button battery ingestion scenarios to formulate prevention strategies.

METHODS: **A total of 8648 battery ingestions that were reported to the National Battery Ingestion Hotline were analyzed.**

RESULTS: Batteries that were ingested by children who were younger than 6 years were most often obtained directly from a product (61.8%), were loose (29.8%), or were obtained from battery packaging (8.2%). Of young children who ingested the most hazardous battery, the 20-mm lithium cell, 37.3% were intended for remote controls. Batteries that were intended for hearing aids were implicated in 36.3% of ingestions. Batteries were mistaken for pills in 15.5% of ingestions, mostly by older adults.

CONCLUSIONS: Parents and child care providers should be taught to prevent battery ingestions. Because 61.8% of batteries that were ingested by children were obtained from products, manufacturers should redesign household products to secure the battery compartment, possibly requiring a tool to open it.

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[Litovitz T](#), [Whitaker N](#), [Clark L](#).

Source: National Capital Poison Center, 3201 New Mexico Ave, Suite 310, Washington, DC 20016, USA

OBJECTIVES: Outcomes of pediatric button battery ingestions have worsened substantially, predominantly related to the emergence of the 20-mm-diameter lithium cell as a common power source for household products. Button batteries lodged in the esophagus can cause severe tissue damage in just 2 hours, with delayed complications such as esophageal perforation, tracheoesophageal fistulas, exsanguination after fistulization into a major blood vessel, esophageal strictures, and vocal cord paralysis. Thirteen deaths have been reported. The objective of this study was to explore button battery ingestion scenarios to formulate prevention strategies.

METHODS: A total of 8648 battery ingestions that were reported to the National Battery Ingestion Hotline were analyzed.

RESULTS: Batteries that were ingested by children who were younger than 6 years were most often obtained directly from a product (61.8%), were loose (29.8%), or were obtained from battery packaging (8.2%). Of young children who ingested the most hazardous battery, the 20-mm lithium cell, 37.3% were intended for remote controls. Batteries that were intended for hearing aids were implicated in 36.3% of ingestions. Batteries were mistaken for pills in 15.5% of ingestions, mostly by older adults.

CONCLUSIONS: [Parents and child care providers should be taught to prevent battery ingestions. Because 61.8% of batteries that were ingested by children were obtained from products, manufacturers should redesign household products to secure the battery compartment, possibly requiring a tool to open it.](#)

MESA REDONDA

PREVENÇÃO DE ACIDENTES DE ASFIXIA EM CRIANÇAS

CE no trato gastro intestinal BEZOAR

389 PUBLICAÇÕES INDEXADAS NO PUB MED DESDE 1950
(GRANDE MAIORIA DE CASOS ISOLADOS)

GASTRICO : TRICOBEOZOAR (SINDROME DE RAPUNZEL), LACTOBEOZOAR,
ESPUMA SINTETICA, LATEX (LUVA)

INTESTINAL (DELGADO E RETAL) : FITOBEOZOAR (MELANCIA, GIRASSOL)
LITOBEOZOAR

MESA REDONDA

PREVENÇÃO DE ACIDENTES DE ASFIXIA EM CRIANÇAS

CE no trato gastro intestinal BEZOAR

[Orphanet J Rare Dis.](#) 2012 Jan 4;7:3.

Gastric lactobezoar - a rare disorder?

[Heinz-Erian P](#), [Gassner I](#), [Klein-Franke A](#), [Jud V](#), [Trawoeger R](#), [Niederwanger C](#), [Mueller T](#), [Meister B](#), [Scholl-Buergi S](#).

Source : Department of Pediatrics, Medical University, Anichstrasse 35, A-6020 Innsbruck, Austria.

:ABSTRACGastric lactobezoar, a pathological conglomeration of milk and mucus in the stomach of milk-fed infants often causing gastric outlet obstruction, is a rarely reported disorder (96 cases since its first description in 1959). While most patients were described 1975-1985 only 26 children have been published since 1986. Clinically, gastric lactobezoars frequently manifest as acute abdomen with abdominal distension (61.0% of 96 patients), vomiting (54.2%), diarrhea (21.9%), and/or a palpable abdominal mass (19.8%). Respiratory (23.0%) and cardiocirculatory (16.7%) symptoms are not uncommon. The pathogenesis of lactobezoar formation is multifactorial: exogenous influences such as high casein content (54.2%), medium chain triglycerides (54.2%) or enhanced caloric density (65.6%) of infant milk as well as endogenous factors including immature gastrointestinal functions (66.0%), dehydration (27.5%) and many other mechanisms have been suggested. Diagnosis is easy if the potential presence of a gastric lactobezoar is thought of, and is based on a history of inappropriate milk feeding, signs of acute abdomen and characteristic features of diagnostic imaging. Previously, plain and/or air-, clear fluid- or opaque contrast medium radiography techniques were used to demonstrate a mass free-floating in the lumen of the stomach.

Dr. Paschoal Napolitano Neto

MESA REDONDA

PREVENÇÃO DE ACIDENTES DE ASFIXIA EM CRIANÇAS

CE no trato gastro intestinal BEZOAR

[Forensic Sci Int.](#) 2009 Sep 10;190(1-3):e5-7. Epub 2009 Jun 7.

Fatal case of Rapunzel syndrome in neglected child.

[Matejů E](#), [Duchanová S](#), [Kovac P](#), [Moravanský N](#), [Spitz DJ](#).

Source: Institute of Forensic Medicine, St. Anne's University Hospital, Tvrdého 2a, 60200 Brno, Czech Republic.

[Afr J Paediatr Surg.](#) 2010 Jan-Apr;7(1):38-9.

Rectosigmoid lithobezoar in a eight-year-old.

[Mohammad MA](#).

Source : Department of Surgery, Bayero University/Aminu Kano Teaching Hospital, Kano, Nigeria.

MESA REDONDA

PREVENÇÃO DE ACIDENTES DE ASFIXIA EM CRIANÇAS

PREVENÇÃO:

ATENÇÃO COM BRINQUEDOS / BATERIAS

CUIDADO COM MAGNETOS, SEMENTES

ATENÇÃO AOS PACIENTES COM LIMITAÇÃO
INTELECTUAL

DIAGNÓSTICO E TRATAMENTO ADEQUADO