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Case Report

Massive Upper Gastrointestinal Bleeding due to an Unpredictable Foreign Body: A Case Report

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Received: June 03, 2020; **Published:** September 24, 2020

Abstract

Upper gastrointestinal bleeding (UGB) is a rare but life-threatening problem, which has significant morbidity and mortality.

Keywords: *Upper Gastrointestinal Bleeding (UGB); Foreign Body*

Introduction

Upper gastrointestinal bleeding (UGB) is a rare but life-threatening problem, which has significant morbidity and mortality. The aetiology of UGIB in children is heterogeneous and the exact cause varies with age, co-existing disease and geographical location [1,2]. Mechanical trauma following Foreign body ingestion is a cause of the upper gastrointestinal bleeding in adolescents. In the literature, the most cause of massive upper gastrointestinal bleeding is fistulization between esophagus and major vessels by battery-ingestion. We present a case of an 8 month-old girl who presented with massive upper gastrointestinal bleeding due to unpredictable foreign body.

Case Report

A 8-Month old girl who was followed up epilepsy at the Pediatric department of Okmeydanı Training and Research Hospital occurred massive UGB. She had vomiting with fresh blood, melanotic stool and low blood pressure. Chest and Erect abdomen radiography demonstrated a suspected linear foreign body in the entry of stomach. Her hematocrit was 6. She was transfused 10 ml/kg Red blood cells and then was stable hemodynamically. A pediatric gastroenterology and pediatric surgery consultation was obtained. Endoscopy was performed by the gastroenterology with the pediatric surgeon in the operating room. Active bleeding and foreign body was not found in the upper gastrointestinal area. Foreign body was observed passing to lower abdomen in the repeated radiography. Computerize Tomography (CT) was performed in order to localization. It was next to ileo-cecal valve into lumen. After 6 hour, She defecated the unpredictable foreign body which is broken injection needle. She was stable hemodynamically during the 24-hour follow-up in the intensive care unit.

Discussion

The ingestion of foreign bodies is common pediatric emergency pathology. The most of ingested foreign body are discharged spontaneously from gastrointestinal tract [3,4]. However, sometimes life-threatening complications was seen on account of the fact that they are trapped in a luminal narrowing or angulation site. Batteries and sharp objects lead to severe complications and preschool-age children are at high risk for such events [5]. Button batteries ingestion is the most cause of serious complication. Damage of Batteries have three mechanism is that are pressure necrosis, chemical damage and electrical damage [6]. The symptoms of ingestion batteries is wide spectrum from dysphagia to massive bleeding caused by esophageal-aortal fistula.

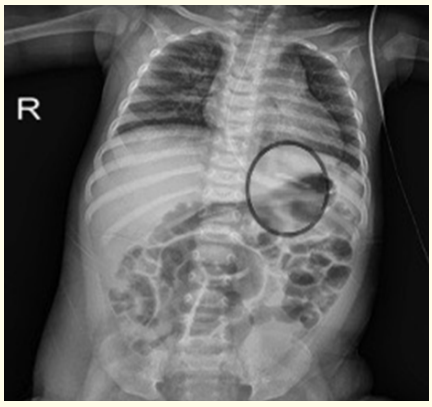

Figure 1: *Before the endoscopy the suspected foreign body in the stomach.*

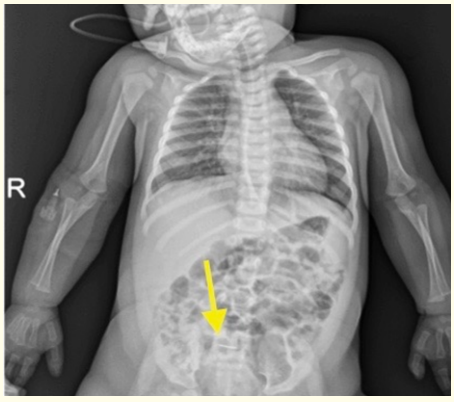

Figure 2: *The suspected FB passed to the terminal ileum after endoscopy.*

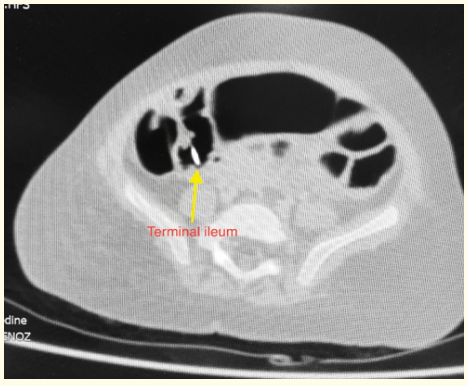

Figure 3: *Intraluminal placement in CT.*

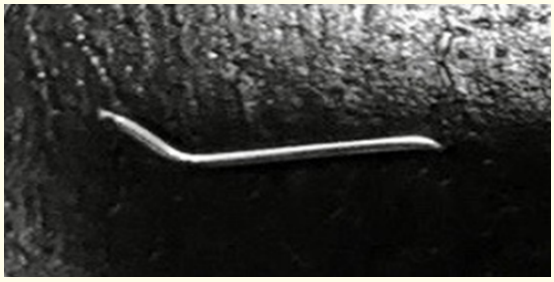

Figure 4: *Discharged needle.*

Baran., et al. evaluated the risk factors of ingested gastrointestinal foreign body in the 161 children who had endoscopic and surgical removal. They found that a delayed diagnosis is the most significant factor increasing the risk of complications [7].

Biplane roentgenograms of neck, chest and abdomen are the first step to detect localization of suspicious ingested foreign body. Furthermore, roentgenograms are signs of the possible complications such as free abdominal air and lung aspirates. Furthermore, dynamic computerize tomography (CT) provide us to determine the located extraluminally FB and the differential diagnosis of non-radiopaque FB.

Endoscopic evaluation is essential diagnostic and therapeutic method. Endoscopic evaluation should be performed in case of suspected FB. The Standards of Practice Committee of the American Society for Gastrointestinal Endoscopy (ASGE) prepared a guideline which is management of ingested foreign bodies [8]. The timing of endoscopy for ingested foreign body was defined as three group that are emergent, urgent, and nonurgent endoscopy. Aspiration, obstruction or perforation determines the timing of endoscopy. Ingestion of disk batteries and sharp and long objects increase the risk of perforation [8].

Conclusion

In conclusion, batteries are the most common cause of massive intestinal bleeding due to ingestion of foreign body in the literature. Sharp objects also consider in the differential diagnosis. Generally, identification and radiographic localization are the initial preferred steps in the management of foreign bodies [9]. The timing of endoscopy is important to interfere in the life-threatening bleeding due to ingestion of foreign bodies. Additionally, CT is usefulness to show location of radiopaque and non-radiopaque FB.

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Volume 3 Issue 10 October 2020